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e IS RESIDENCE ON A FARM?

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INTERVAL BETWEEN

19 WAS AUTOPSY PERFORMED?

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22. DATE SIGNED

IF UNDER I YEAR

12 CITIZEN OF WHAT COUNTRY?

Months

NO X

MEDICAL EXAMINER'S CERTIFICATE OF FOR STAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY Marytone Page 2, and 3 the PM3. Pag c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) nevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streets of Building d. STREET ADDRESS form icate, writing the ward "pending" in penal in Item 18. Give Pages 1, be farwarded to the Chief Medical Examiner's Office olong with, form Grantham. ene. Apartment NAME OF Middle DECEASED OF DEATH May (Type or print) DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) WIDOWED DIVORCED within 72 hours ofter death 11. BIRTHPLACE (State or fareign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even il retired) eacher 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME permit. File 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dates of service) IB. CAUSE OF DEATH (Enter only one couse per line for (o), buriol-transit event PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which gove rise to immediate couse (a), 9 DUE TO stating the underlying couse 0 los I. SD pe ased PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) or removal, the certificate, 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 3 should should Jumped From rolf. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY [Home, form. factory, street, office bldg., etc.) Not While Chery Chase Montmoy be retained far your FUNERAL DIRECTOR: Page Poge n.m of work at work 21. I certify that I taak charge of the remains described above, held an Autapsy 🔀 Inspection X, Inquiry X Suicide X the funeral director. death resulted fram: Natural causes. Accident . Homicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Health Address (Street, city, town, or county) John NAME (Type) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50

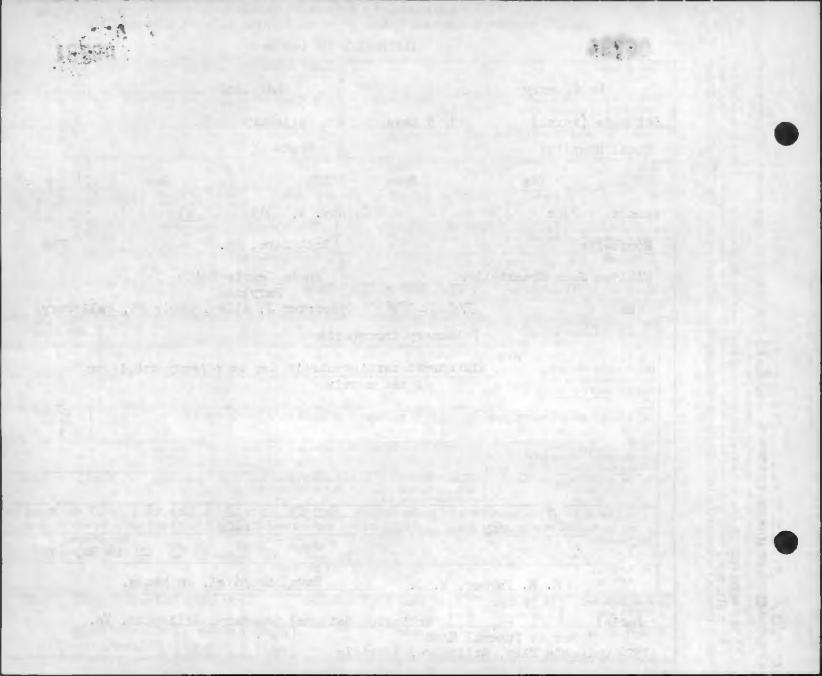
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6M 1/67

Geder Hill ADDRESS 24. FUNERAL DIRECTOR KEC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Joseph Gawlers Sons 5130 Wisc. AVe Wash.

1, 36.0 Managan A Tenney Style Michigan Line A CARRY CARROLL DEA Irros Actorion of B. Malling 4311 Grantham ST July 7 1916 JE 24.64 7.40chis Mattille Anjuices Same Fall of some over -THE PART OF THE PARTY AND THE Cherry Chia Mints Min 2" - My 27 ST X AM JEMY - -DR- 5 Bell 2. To 21 or 11) seed to 6.5 of 10

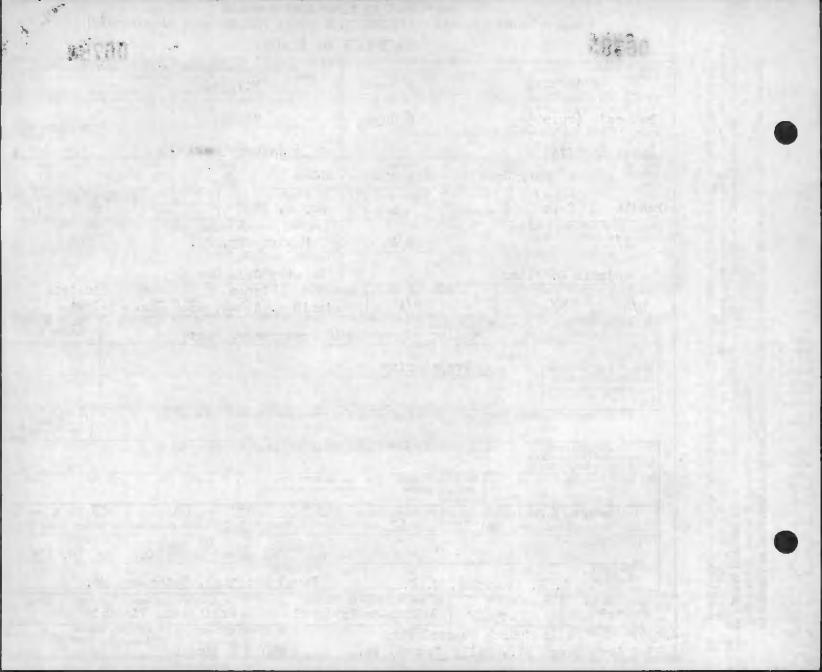
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. STATE a COLINTY MARYLAND Montgomery Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) Salisbury Bethesda (rural) 5 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5 days e. IS RESIDENCE ON A FARM? d STREET ADDRESS Route #5 Naval Hospital YES NO K 4 DATE Year 3. NAME OF Middle Lost campletety nave carbon DECEASED 67 ALLEN May Tda Dean DEATH (Type or print) in any event IF LINDER 1 YEAR IF LINDER 24 HRS 9. AGE (In years 8 DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) remave Months Nov. 4. 1919 DIVORCED Female Cauc WIDOWED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR PHYSICIAN: The law requires that the death certificate be INDUSTRY during most of warking life, even if retired)
Housewife USA physician and Baltimore, Md. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME 0 ar remaval, William John Bremsteller Annie Laurie Smith 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Maryland (Yes, no, or unknown) (If yes give war or dates of service) permit. Sylvester J. Allen, Route #5, Salisbury crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pulmonary thrombosis IMMEDIATE CAUSE (o) DHE TO Widespread carcinomatosis due to primary carcinoma Conditions, if any, which gove rise to immediate couse (a). of the cervix DUE TO stoting the underlying couse as the briar tak the haspital ar attending lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS this certificate has PERFORMED? detached for use te Dept, of Health YES K NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20e PLACE OF INJURY (Home, form, (City or town) 20c, TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. of work OR ATTENDING After otwork L 19 67 . to May 24 19 67, that (1) (we) last 21. I certify that (A) (this hospital) oftended the deceased from May 19 1967, and that death occurred at 640A M, from causes and an the dote stated above. 4 may be retained DIRECTOR: saw the deceased alive on May 24 22b. DATE SIGNED 220. SIGNATURE STAFF 24 May 1967 PHYS M.D. DIRECTOR PHYS. filed director, page should be filed 22d. ADDRESS Page 4 may b 22c. PHYSICIAN'S FUNERAL Naval Hospital, Bethesda, NAME (Type) R. M. Farmer, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF 23a. BURIAL CREMATION. REMOVAL (Specify) Arlington National Cemetery, Arlington, Va. 2 2Sb. REGISTRAR'S SIGNATURE Home ADDRESS 24. FUNERAL DIRECTOR Funeral Milarles Judge VR A15 (4) 3524 Columbia Pike, Arlington, Virginia 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funered—	director, page 3 should be detached for use as the burial-transit permit. Then please remofine cachen papers. Pages I/and.	die die	
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PITA	Page 4 moy be retained by the hospital or attending physician.	RAI	r, pu	should be filed with the State Dept. of Health prior ta burial, cremation, ar removal, and in any event, within 72 hours after	
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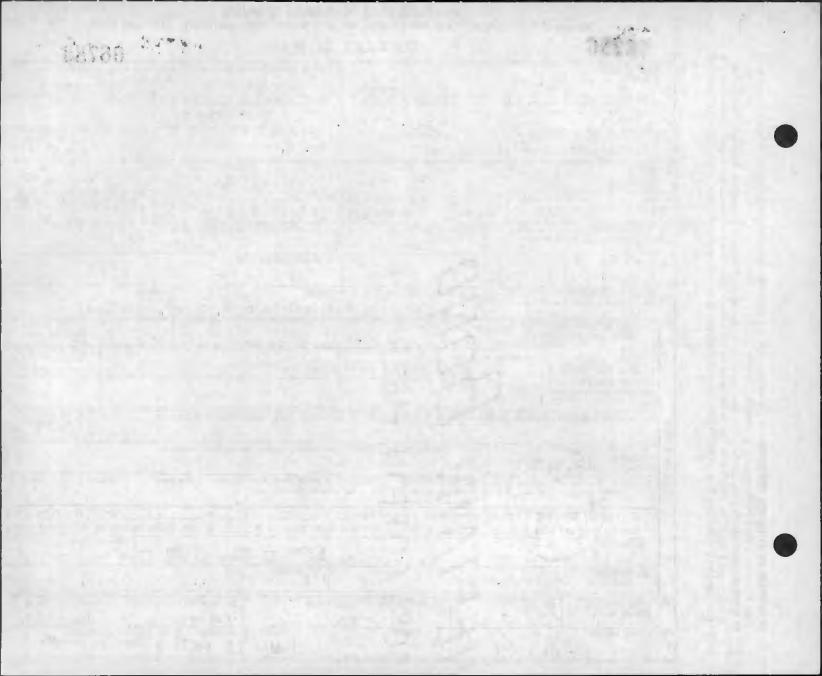
0013	•}		CERTIFICATI	UF DEATH			-06		2		
1. PLACE OF DEATH o. COUNTY	lontgomery		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceosed live Virginia	d, if institution b. COUN		ce befor	e Admissio	on)	
b. CITY OR TOWN	(If autside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		ts, write RUR	AL ond giv	e rieores	t town)		
	a (rural)		6 days	7	Vienna						
	PITAL OR INSTITUTION (If not	in hospitol,	give street address)	d. STREET ADDRESS	Tenna		-		e. 15 RESIDENCE		
Naval H				2516 Jack	kson Park	way			YES NO		
3. NAME OF DECEASED (Type or print)	Mary J		Middle Francis	ALLEN	4. DATE OF DEATH	May		Day	6	7	
S. SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		(In years birthday)	IF UNDER Months	1 YEAR	Hours	R 24 HRS Min.	
Female	Cauc	WIDOWED	DIVORCED	May 8, 19	301	yrs.		0			
	ON (Give kind of work done ng life, even if refired)		ND OF BUSINESS OR DUSTRY N/A	11. BIRTHPLACE (Count  Montgon	y & State, or foreign co nery, Md.	untry)	12. CI	TIZEN OI DUNIRY US	A		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME						
Benja	min G. Allen			Dorothy 3	Jean Downs	3					
15. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17.	INFORMANT Vie	enna	Addres	22	Virg	inia		
N/A	(If yes give war or dotes of	service	N/A Be	enjamin G. A	Allen, 251	L6 Jac	kson	Pew	i		
	DEATH (Enter only one couse ATH WAS CAUSED BY:	Basi	(o), (b), and (d) lar subarachne	oid hemorrha	age, brain	1			ERVAL BET		
760	IMMEDIATE CAUSE (d	1			80, 5112.			-			
Conditions, if or		Dw	rematurity								
rise to immedi	ote couse (o), (									-	
stoting the und	derlying couse	:)									
PART II. OTHER			TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN P	ART I(o)			WAS AUTO PERFORM ES 🔼	OPSY NO	
OR CONTRIBUTION	VAS UNDERLYING   NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Port II of	tem 1B.)					
Hour Hour	p.m. 19	While of war	Not While of foo	ACE OF INJURY (Home, far lory, street, office bldg, etc	:.)	or town)		unty)		(Stote)	
21. I cer saw the	tify that ﴿﴿) (this hasp deceased alive an	ital) atten Viax 14	ded the deceased fram_ 19_67, and the	May 8 , at death occurred a	19 <u>67</u> , ta <u>N</u> t <u>1225</u> M, fran	lay 14 n couses	, 19 <u>c</u> and an t	he dat	nat (K) ( te stated	we) la	
220. SIGNATUR	RE /	1/	· such	ATTENDING	MED. AM	STAFF		ATE SIGN			
1/1	8/hm/H	Clin	- 4/632 M	.D. PHYS.		PHYS.	Ma Ma	ay 1	6, 19	967	
20c. PHYSICIAN NAME (Ty	1	pkins	, M. D.	22d. ADDRESS Naval Ho	ospital, I	Bethes	da, l	٧d.			
230. BURIAL, CREMA		EOF /67	23c. NAME OF CEMETERY OR Arlington N		23d LOCATION Arling			(County	(5	Stote)	
24. FUNERAL OTRE	West & Chur	ch Fur	neral <sup>AD</sup> HUbbe	25o. REC	D BY REGISTRAR		GISTRAR'S		RE		
11.	TOTTO OTHER		Church, Va.	PAREAY.	1 9 1967	gol	well	o gu	2		



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06706 CEDTIFICATE OF DEATH

	0013	)		CERTIF	ICATE	OF DEATH		1	- 131	SZX	R.	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere dec			na befor	e odmissio	in)
	o. COUNTY	Montgomery		MARY	TAND	o. STATE Mary	land	b. CÓUI	M	ontg	omery	7
	b. CITY OR TOWN (	If outside corporate limit	i,	C. LENGTH OF STAY II		c. CITY OR TOWN (If ou		orate limits, write RU		100	~	
	Ol ney	d give neorest tawn)		6 hrs. 35	Min	Ga	ithe	rsburg		25	1	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	it in haspital, g	give street address)		d. STREET ADDRESS					e IS RESID	JENCE APAR2
	Montgo	mery Genera	1 Hosp	ital		Rt. 2, Box	x 209	9			YES 🛣	
3.	NAME OF DECEASED (Type or print)	William	st l	Middle NMN	ł	Alley Sr.	4. DAT	5		16	19	67
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years last birthday) 53 vrs.	IF UNDER Months	Davs	IF UNDER Hours	24 HRS.
116	ale	White	WIDOWED	DIVORCED		6/20/13		53 yrs.		0010	110013	7310.0
100	. USUAL OCCUPATION	Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or	r foreign country)		ITIZEN OF		
QUI	ring most of working	nie, even u temedi	IN	Farm			V	irginia		ZOHIKI I	USA	
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
	Rihear	d Alley				Ruth Ta	aylor					
15	. WAS DECEASED EV	R IN U.S. ARMED FORCES?	16. 3	SOCIAL SECURITY NO.	17. 1	YFORMANT		Addr	955			
	es, no, or unknown)	(If yes give wor or dotes o	f service)	14.28.776	2 H	ospital Reci	inrde	Olney N	larv1:	and		
_	NO	PATH /F	Jan 6	1	2			, 521103, 2	ice y a c		ERVAL BET	WEEN
		EATH (Enter only one cou TH WAS CAUSED BY:	1	1		***		1			SET AND D	
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	10.2	and the same a	16	2	hi	100-1						2 2
	Conditions, if any rise to immedia	to rouse (n)	(b) (	roved	UL	0 62 4)				-		9
	stating the under		(c)									
	PART II OTHER S	IGNIFICANT CONDITIONS C		O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	DITION G	IVEN IN PART I(o)		119.	WAS AUTO	)PSY
NO.	TAKE III. OTHER 3	ionnicant constitutions c	OHIKIDGIIIIG I	DOT TO THE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	the resummine brokenic con-		in an in the stay		V	PERFORMI	ED?
CAT	no. A CONSTITUTION	c Huggaryana 🖂	100 00	CONTRACTOR SHIP OF	CHARLE /	Catan making of links in the	Don't Lon I	Don't It of item 19 )		- 1	13	IIO LE
CERTIFICATION		S CAUSE OF DEATH  MEDICAL EXAMINER)	205. DE	2CKIRE HOW INJURY OF	.CUKKED. (	Enter noture of injury in I	ran i or i	ran ii or item ia.)				
MEDICAL	20c. TIME OF INJ Hour a.	URY Month, Doy, Year m. m. 19	20d. If While of work			E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(60	ounty)	(	Stote)
		ify that (I) (this has	pital) attend 5/16	ded the deceased	fram_/	death accurred at	8-30	, ta5 -/ C _M, fram causes			nat (I) (s e stated	
	320. SIGNATURE	2 Schn	- Lin	un	M.D		MED. DIRECTOR	STAFF PHYS.	22b. 1	DATE SIGN	- 6	7
	MAME (Type		umache	r		105 Russel	II As	ve., Gaith	ersb	arg,	Mary	lan
23	o. BURIAL, CREMATI		REOF /67	23c. NAME OF CEME	1	REMATORY VSVIIIE	23d.	LOCATION (City or To	1/10	(County	nA.	nate)
2	4. FUNERAL DIRECTO	OR ~	10	ADDRESS	411	2So. REC'D	BY REGI	//	GISTRAR'S		RE	
I	mwill	JRARRE	-6	MAJAGUZ	71//	DAMAY	19	1967	land	Jan Jan	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in only event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96797

CERTIFICATE OF DEATH

05784

	PLACE OF DEATH				2 USUAL RESIDENCE (	Where deced	osed lived, if institut o		before adn	niss on)
	Montgo	merv		MARYLAND	Tennes	see	b. (004)			
	b CITY OR TOWN (	If autside corporate imits,		c LENGTH OF STAY IN 16	COTY OR TOWN ( F OL	uts de corpo	ote limits, write RUR	L ond give r	neorest tow	r)
	Rethesd	d give nearest town) A		45 days	Nashvi	lle				
	d NAME OF HOSPIT	AL OR INSTITUTION (If not in	hasp ta , g		d STREE" ADDRESS					RESIDENCE A FARM?
Τì	ne Clinic	al Center, Bet	hesd		2701	Caper	s Avenue		YES	NO X
	NAME OF DECEASED	First		Middle	Lost	4 DATE OF	Manth		Doy	Year
	UECEASED	Anuradha		Sharad	Amtey	DEATI	ı Ma	ау	15,	19 67
5.	SEX	6 COLOR OR RACE 7 1	WARRIED	NEVER MARR ED	B. DATE OF B RTH		9 AGE (In years lost birthday)	F UNDER 1 Y		NDER 24 HRS urs Min.
	Female	w all W	IDOWED	D VORCED	16 July 19.	43	23 yrs	MOHITIS L	no spor	urs Min.
		NG ve kind of work done		ND OF BUSINESS OR	11 BIRTHPLACE (County	& State or f	oreign country)		EN OF WHA	AT
	ing most of working canner	life, even if refired)	IN	DUSTRY	Paki	stan			ndia	
	FATHER'S NAME				14. MOTHER'S MAIDEN			-	P. W. C.	_
	Benjamin	Solomon			Shanta	Talk	ar			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 5	OC AL SECURITY NO 17	INFORMANThe Me	dical	Redora Addres	s		
£11	NO NO	(If yes give wor or dotes of sen	No.	t available Th	e Clinical	Cente:	r.bethesda	. Harv	land	20014
	IB CAUSE OF D	EATH (Enter only one couse pe							NTERVA.	BETWEEN
	PART I DEA	TH WAS CAUSED BY  IMMEDIATE CAUSE (o)	Mas	sive gastro-in	itestinal blo	eedin;	g		ONSE! A	MARA PR
	4,493	,					iple clott	ting d	efect	
	Conditions, if ony	which gove ) (b)	Prog	ressive hepati					7 mc	
	rise to immediate	le couse (o), Dur To								
	last	(c)_	Gram	negative sept	icemia				12 h	ours
ATION	PART II OTHER S	GNIFICANT CONDIT ONS CONTR	BUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GA	VEN (N PART 1(0)		19 WAS PERF YES	AUTOPSY ORMED? NO
L CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	205 DE	SCRIBE HOW INJRY OCCURRED	. (Enter nature of injury in	Port or Po	ort II of item IB)			
MED.CAL	Hour a.	m. 19	While of work	Not While of twork of	ACE OF INJURY (Home, for ctory, street, affice bldg., etc	)		(Coun		(Stote)
	21. 1 cert	ify that (the haspita	I) attend	ded the deceased fram ${ ilde {\mathbb N}}$	larch 31,	19 <u>67</u> ,	to May 1	<u>5</u> , 19 <u>6</u>	7, that (	其(we) las
	saw the d	leceased alive an <u>Ma</u>	y l	5 19 <u>67</u> , and the	at death accurred at	5:40	M, fram causes o	ind an the	e date st	ated above
	220 S GNATURE		R	Carles 1	D PHYS	MED DIRECTOR	STAFF PHYS		10, 1	
	22c PHYS CIAN NAME (Type		. La	wton, M.D.	22d ADDRESS T		inical Cer Health,be	nte <b>r,</b> N ethopd	ation a,Md.	ald 20014
23	REMOVAL (Specific	ON 236 DATE THEREOUS 5-16-6	7	230 NAME OF CEMETERY OF	innetia,		OCATION (City or Tox	, U	(ounty)	(State)
2	FUNERAL DIRECTO	47 (1 12	21	ADDRESS	250 RFC	D BY REGIS		GISTRAR S SIG		
	1 . B. A.	/ . / \ X /	3 1 /	- 3- 2" 11142"1 A14	X X X X L C   DANG A Y		31 13 1 1/1/	1-18	11	4.0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove action, papers Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death ID MOSBITAL OR ATTINDING PHYSICIAN: The law requires that the death certificate be emacuted within 24 haurs after within Page 4 may be retained by the nospital or attending physician.

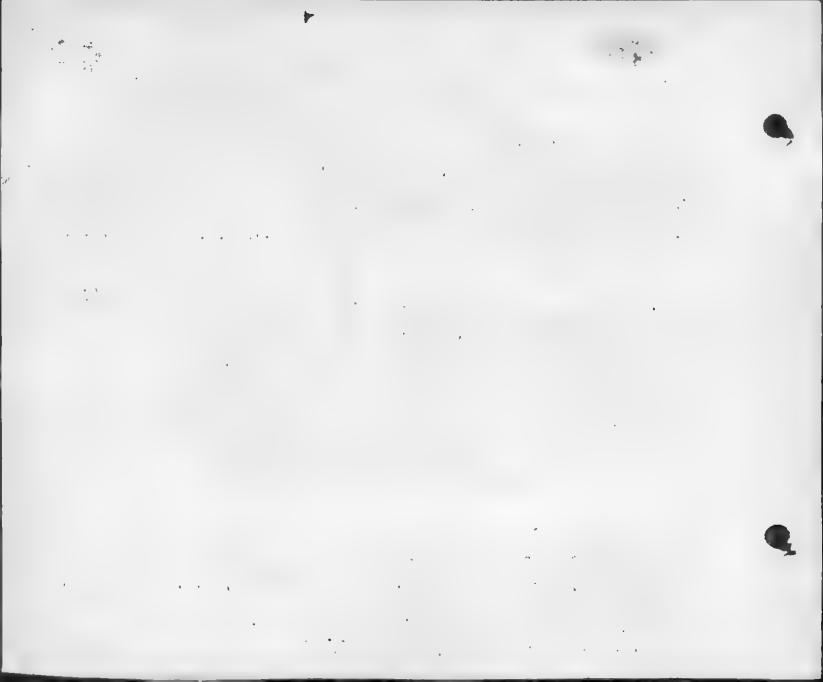


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL ÉXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE When o COUNTY o STATE b COUNTY MARYLAND JENGTHLOF TAY NO 'TY OR 'DWN eva. EIRACON DE W IS RURA State Depg d NAME OF HU - TAL IR NOW "UN It not a nose or a contrast oddre Middle 4 DATE DECEASED LUDIE O.F. DEATH 19 NEVER MARRIED WIDOWED DIVORCED 12 CILZEN OF WHAT 10b KIND OF BUSINESS OR (Stote or fore gr 14 MOTHER'S MAJOEN NAM pence M. SARMIT ORLE " Address far supply low if Ill ye have you grace a service the (hief Medical 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY Barbiturate poisoning IMMEDIATE CAUSE (a) Word DUE TO Conditions, if any, which gove overdose of Nembutal rise ta immediate cause (a), DUE TO stoting the underlying couse last AS THER JONE ANT COND TON ONES IN DEATH RITHOUR REATE TO THE SEMINAL DISEASE ON TIME YEN IN PART removal, NO 20° of RiBs HOW IN TRY HURRS! Fires o' y y 'or' or Port to frem 19 PRIMARY IN OF CUNTRIBUTING \_ 0 Took overdose of Nembutal CAUSE OF DEATH crematian, T '91 1 1 1 1 The IP and the EPA CEN The Hour-own. foctory\_street, office bldg., etc.) 1067 RATI 1 . ert on X 2) I certify that it is charge of the remain described an vertila an Autabay (A) DIRECTOR Accident ... Hum ide [] Ur daterminet in anner CHIEF MEDICAL EXAMINER prior to 22 DATE SIGNED ACCICTANT WEDICAL EXAMINED may be re DEPUTY DÉFUIT W'U CAL EXAMINER **EXAMINER'S** S may L NAME (Type) Address (Street, city, town, or county) NOME + STET - RY K & MY ET REMOVAL (Specify) remation Sons, Inc.



CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) Mont gomery o. COUNTY a. STATE MARYLAND ontgomery b CITY OR TOWN ( flouts de corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d NAME OF HOSPITAL (f not in hosp tol, give street oddress) # IS RESIDENCE OR INSTITUTION ON A FARM? 5328 Goldsboro Road Goldsboro Road YES NO TO E 4. DATE M delle Month Year filled DECEASED ARMSTRONG May SARAH DEATH 19 67 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE / MARR ED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years lost birthday) Months WIDOWED RET DIVORCED [7] TOO JSUAL OCCUPATION (Give kind of work done TOb KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUNTRY? during most of working life, even if relired)
ousewife - tired U.S.A. Washington. Housewife -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ann Mullinix Albert Finchan INFORMANT Address IS WAS DECEASED EVER N U S ARMED FORCES? 16, SOCIAL SECURITY NO See Item #2. Mrs. Helen Thompson, INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c) ] ONSET AND DEATH PART I DEATH WAS CAUSED BY ongestive IMMEDIATE CAUSE (6) DUE TO rTerio Sclerolic Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1/0 19 WAS AUTOPSY PERFORMED? Alrial YES NO TO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work May 21 I certify that I attended the deceased from January, 1967, to ., 1967, that I last saw the deceased and that death accurred at 7:10 PM, from the causes and an the date stated above ACTUAL SIGNATURE 19th St. N.W. PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown or county) REMOVAL (Specify) Wisc. Aye 240 RECD BY REGISTRAR P240 REGISTRAR S SIGNATURE Ro ck Creek Cemetery 23 FUNERAL DIRECTOR'S SIGNATURE Inc . Washington, DC DATE Sons, TSM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06800 CERTIFICATE OF DEATH

06797

	0,000										4474
1	PLACE OF DEATH					2 USUAL RES o STATE		Vhere deceased lived, if	nstitution Reside	ence before	admission)
	o. COUNTY	Montgomery		MARYL			100	rland			
	6 CTY OR TOWN (	If outside corporate limits	C LEN	GTH OF STAY N	lb		,	tside corporote imits, w	rite RUPAL ond g	ive nearest	r town)
	Bethes	da (rural)	12	7 days		Hunt	ingto	on			
		IAL OR INSTITUTION (if not in has	tal, give stree	et address)		d STREET ADI	ORESS			е	e IS RESIDENCE ON A FARM?
	Naval	Hospital				Bayv.	iew N	lobile Mano	r		YES NO 🔼
3	NAME OF	First		Midd e	-	Last		4 DATE OF 34	Manth	Doy	
	(Type or print)	Major	Mc	Kinley		ASHE		DEATH MAY	30		19 67
S	SEX	6 (OLOR OR RACE 7 MAR	RIED X	VEVER MARR ED		B DATE OF B RI		9 AGE (In y ast birth	reors F UNDE		HOURS MIN
	Male	Cauc WIDO	WED	D VORCED		Dec. 28					
1D	SUAL OCCUPATIO		DE KIND OF B	BUSINESS OR		II. BIRTHPLA	Ythuo) 3	& State or foreign countr	γ) 12.	CITIZEN OF	WHAT
dЛ	r ng most of working	Navy	INDUSTRI			Wolf I	Mount	ain, N. C.			USA
	FATHER'S NAME					14 MOTHER'S	MAIDEN	NAME			
	Luther A	she					a Hal				
15	WAS DECEASED BY	FRINIIS ARMED FORCES?	16 SOCIAL S	SECURITY NO	17 1	NFORMANT	Hunti		Address 1	Maryl	and .
(Y	es, no, or unknown)	(If yes a ve war or dates of service 1948-1967	238 4	2 1536	Mrs	Shir	ley A	Anne, Bayvi	ew Mobil	le Ma	nor
		EATH (Enter only one couse per 1								INTE	ERVAL BETWEEN
		TH WAS CAUSED BY TIMMEDIATE CAUSE (0)	200	terial	endo	cardit	is			UN	SET AND DEATH
	44-1										
	Conditions, if on-		Aor	rtic val	ve 1	replace	ment				
	rise to immedia stoting the unde	te cause (o). { DUE TO									
	ast	(c)	Aor	rtic ins	uff:	iciency					
NOIL	PART II. OTHER S	IGNIFICANT COND T ONS CONTRIBU	TING TO DEAT	H BUT NOT RELA	TED TO 1	THE TERMINAL D	ESEASE CO	NOTION GIVEN IN PART	1(a)		WAS AUTOPSY PERFORMED? ES K NO
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	Db DESCRIBE 1	HOW INJURY OC	URRED.	(Enter nature of	intury in	Port 1 or Port 3 of Item	18.)		
MEDICAL	20c TIME OF IN. Hour o	JURY Month, Doy, Year	of work	Not While of work	foct	(E OF INJURY (Fory street, office	bldg, etc	)		(County)	(State)
	21 L cort	the that Of (this hasnital)	ottended th	e deceased	rom_4	Jan. 23		19 67 , to May	7 30 , 1	9 67, tr	nat (# (we) lo
	saw the o	seceased alive an May	30	_1967 , a	na tha	t death occu	rred at	105P M, from o	auses and on	the dat	e stoted abay
	220 SIGNATUR		/ 7	/					22b.	DATE 5 GN	IED
	1 50	Enated H.	10	y low	M.			DIRECTOR - PHY	S L Ju		1967
	22c PHYSICIAN NAME (Typ		YLOR, N	1. D.		Nava	L Ho	spital, Bet	hesda,	Md.	
23	Bo BURIA., CREMAT	ION, 236 DATE THEREOF		NAME OF CEME	ERY OR	CREMATORY		23d LOCATION (CI	ty or Town)	(County	y) (Stote)
	REMOYA ESpecial	V) 6/2/196	7 Mid	ddle For	ck C	emetery		Rossman	n, Nort		
	24 FUNERAL DIRECT	OR W. W. Chambe	rs Co.	ADDRÉSS			2Sa REC	D BY REGISTRAR	256 REGISTRAR		
		pin St., N.W.			. C.		DATEIN	5 1987	077/2	*	.44
	T (00 0110	- In the same of t		- 3				1000			

VR A15 (4) 20 M 1/66

after death.

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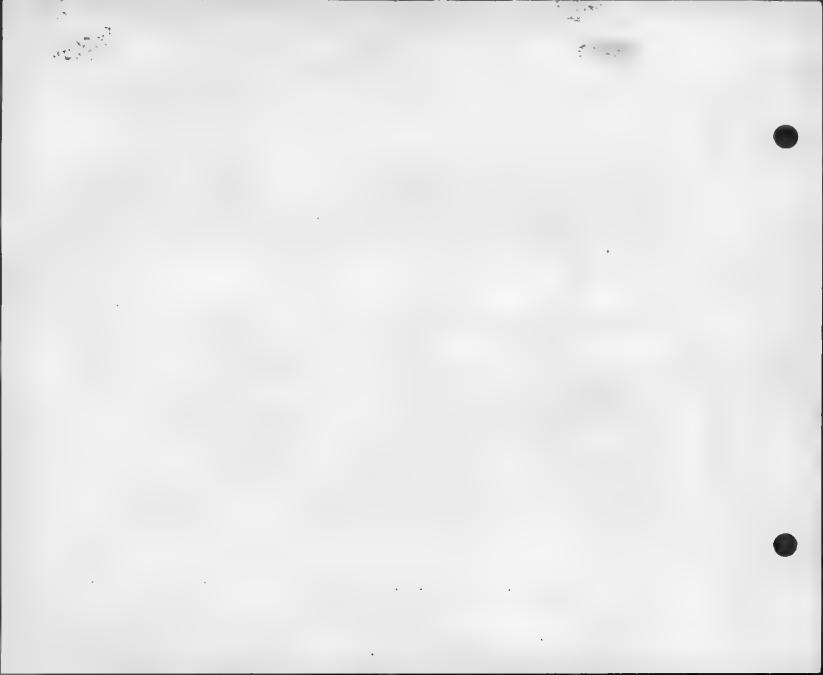
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complex director, page 3 should be detached for use as the bur al-transit permit. Then please remave call should be filed with the State Dept. af Heatth priar to burial, cremat on an remaval, and in any exent should be filed with the State Dept. af Heatth priar to burial, cremat on an remaval, and in any exent should be filed with the State Dept. af Heatth priar to burial, cremat on an remaval.

led in by the Pages

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06801		CERTIFICATI	OF DEATH		06788
PLACE OF DEATH	ntgome	CY MARYLAND	2 USUAL RESIDENCE (WI	here deceased lived if institution b COUNT	
b CITY OR TOWN (If outsurer or te DURA) and give t	educe	C LENGTH OF STAY IN 16	Kocki	de corporate limits, write RURA	
	NSTITUT ON (If not in haspi	tal, give street oddress)	306 TO	rek Rd	e IS RES DENCE ON A EARM YES NO
3 NAME OF DECEASED (Type or print)	Leanor	Bernice A	Twood	4 DATE Month OF DEATH	26 Pay Year 7
<i>F</i>	OR OR RACE 7 MARR	VED D VORCED	8 DATE OF BRTH 12-5-190	0 66 YIS	Months Doys Hours Min
during most of working life eye  A Marker S NAME		b kind of BJS NESS OR Industry	11 BIRTHPLACE (County &	na	2 CIT ZEN DE WHAT COLNTY S.C.
Marior	L. Cha	Phane  As SOCIAL SECURITY NO 17	Deances	1 1 // 1/	nurphy
(Yes no or unknown) (Tyes	give war or dotes of serv ce)			wood - husban	d - same #2
PART I DEATH WAS  4/ 5 0/  Conditions, if ony, which rise to immediate cous	MMEDIATE CAUSE (a)  DUE TO  gove (b)	ESSONTIAL	THRO. HY DE 127	MBGSIS -ONSIM	INTERVAL BETWEEN ONSET AND DEATH CAVE HOUR
stating the underlying	(c)	GENIERALIZA NO TO DEATH BUT NOT RELATED TO		1030 LOREST	15 27 Y/55
NO PART I WILLY SIGNATURE	THE COMMINGS COMIC DES	NO TO BEATH BUT NOT KEENED TO	THE TEXAMORE IS SEASE COND.	mion biera a certifo,	PERFORMED? YES NO
2Do ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OE DEATH L EXAMINER)	DESCRIBE HOW INJURY OCCURRED			
20r TIME OE (N, RY Mo	19 of	Yhile Not While for	ACE OF INJURY (Home form tory, street, office bldg , etc.)	2DF City or tow?	' nt <sub>Y</sub> , State'
saw the decease	t (I) (this_hospital) at d alive an	tended the deceased fram. 122_1962, and the	TALLIARY 19	5-2 to airy 27	nd an the date stated above
220 SIGNATURE  220 PHYSICIAN'S	rst aa:	ruiga "		MED STAFE WHERETOR D PHYS D  10 W MAZYT	226 DATE SIGNED  MAY 26, 1967  824
NAME (Type)		Rosenberger	Roc		A11
230 BURIAL (REMATION, BUTOVALEGACITY)	236 DATE THEREOE 5/29/67	Parklawn	CREMATORY	Rockville	14 -
24 FUNERAL D RECTOR  Tyson wheele:		ADDRESS	Rike MAY	/	STRARS SICHATURE

TEVINERAL INTECTOR: After this certificate has been signed by the attending physician and completely filled in by the fineral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages I and 2 should be filled with the State Dept of Hea th priar to burial, cremotian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retoined by the haspital or attending physician VR A15 (4) 25M 1/6Z



06802

Alexandria, Virginia

CERTIFICATE OF DEATH

e IS RESIDENCE ON A FARM?

Year

Hauts

INTERVAL BETWEEN

ONSET AND DEATH

9 WA AU OPSY PERFORMED? YES KA NO

(Stote)

067

Dov

30

12 CITIZEN OF WHAT

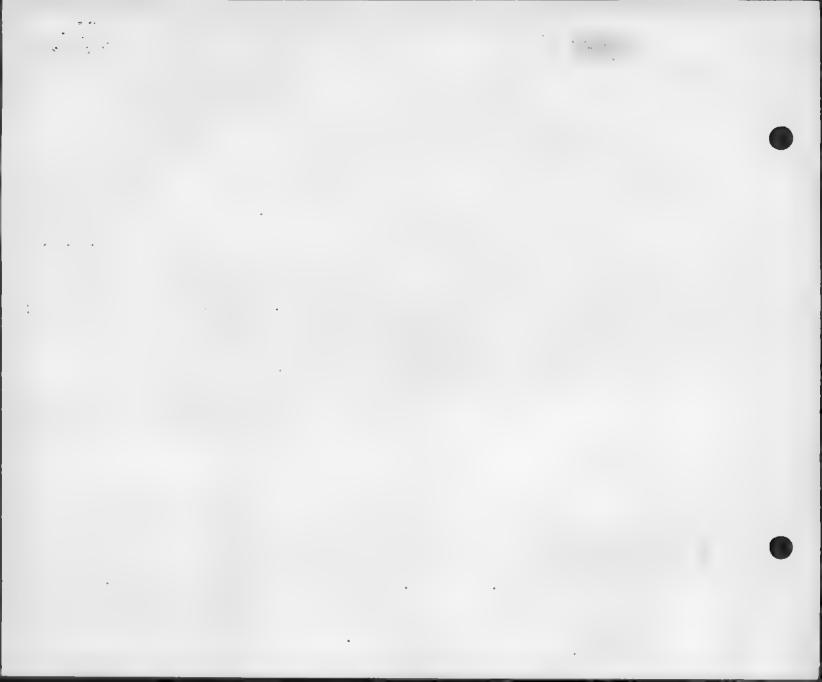
COUNTRYS

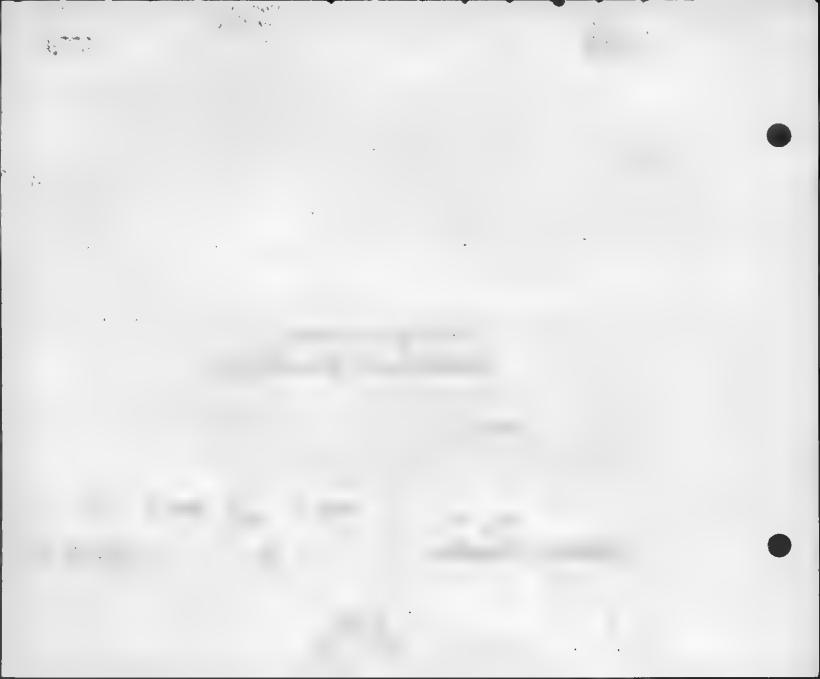
(County)

31 May 1967

NO [

within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission MONTGOMERY b COUNTY MARYLAND CLENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate ilmits, c CITY OR TOWN (If autside carparate imits, write RURAL and give nearest lawn, write PUPAL and give nearest town) OURS 47 Days YORKTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS NAVAL HOSPITAL. BETHESDA. MARYLAND 3 NAME OF Midd e 4 DATE Month Lost completely DECEASED OF. AUDITET MAY Lorraine Constance (Type or print) DEATH requires that the death certificate be executed 5 SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED B DATE OF BIRTH NEVER MARRIED 型 birthdoy) CAUC BIDMATE August 26,1932 W DOWED DIVORCED 1Do USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) School Teacher Laurel, Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Euphanie Helen STONER William Carter CRONMILLER Address Ward T-11 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (1 yes give wor or doles of service) 214 28 4889 17 INFORMANT Garland O. AUDILET, Naval Hospital, Beth IB CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY Carcinomatosis Lung and Bone Marrow from IMMED ATE CAUSE (a) 1.1º X Primary Cancer of the Breast. Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse peen the r to PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(4) has certificate PHYSICIAN: for 2Do ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B) detached (IF EITHER NOTIFY MEDICAL EXAMINER! 2Dc TIME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or fown) factory, street, office bldg., etc. Hour c.m. While Not While OR ATTENDING ot work o1 work e Pe 30 April 1967, that (A (we) last April 14 21. I certify that ( ) (this haspital) attended the decoased from be retained and that death accurred at 1155AM, from causes and an the date stated above. saw the deceased alive an DIRECTOR: 22a SIGNATURE ATTENDING DIRECTOR director, page should be filed 22d ADDRESS 22c PHYSICIAN S HOSPITAL FUNERAL Naval Hospital, Bethesda, Maryland Theodore H. Wilson Jr. 23a BUR AL CREMATION. 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Arlington National Cemetery, Arlingon, Virginia Burial 2 June 2,1967 250 REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE FUNERAL HOME Cameron and N. Alfred





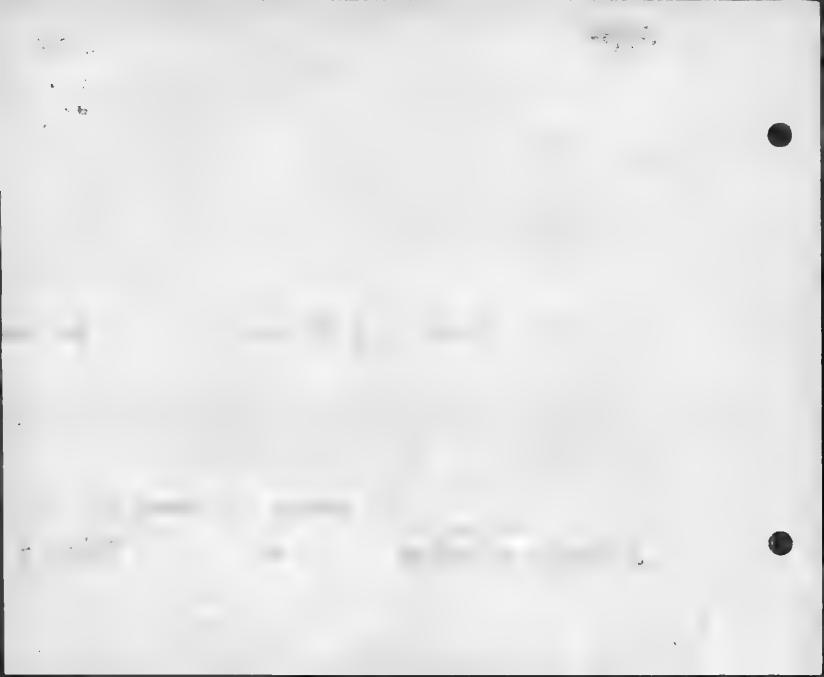
MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RUITAL end give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS   0. IS RESIDENCE
at the of the of the off the o	ON A FARM?
register the state of the state	YES NO Z
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print)  5 SEX   6. COLOR DR RACE   7 MARRIED   NEVER MARRIED	B. DATE OF BIRTH 19. AGE (In years I FUNDER 1 YEAR I FUNDER 24 HRS.
6. GOLOR DR RAGE 7. MARRIED NEVER MARRIED DIVORCED D	B. Date (III years) I divote I result of the control of the contro
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew W. Sparks	Mary J. King
15. WAS DEGEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ! (If yes give war or dates of service)	INFORMANT Address
None None	323 , C+ .
1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carhoria 9	Tives ONSET AND DEATH
DUE TO	
Conditions, If any, which (b)	
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED?
I CA	YES NO P
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING ID DEATH BUT NOT RELATED TO THE PROPERTY OF	JRRED. (Enter nature of Injury In Pert I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor at work at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	18 Charl, 196), to 15 may, 1962, that (1) (we) last
saw the deceased alive on 15 Mary 196 , and that	t death occurred atM, from the causes and on the date stated above.
22a. S.GNATURE	ATTENDING MEO. STAFF
William & Street M.C	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) 111-11- Q 7 1	22d. AOORESS
	- Wall and a star and the start will be the sailty
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER'	
24. EUNERAL DIRECTOR ADDRESS	25a, REC'O BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
C. Glen Carter	

VR A15 (4) 15M 4-64



24 hours after death.

	MARYLAND STATE I DIVISION OF STATISTICAL RESEARCH AND RECOR  CERTIFICA  CERTIFICA		ARYLAND 06792
l.	PLACE OF DEATH a. COUNTY  Monicore 1  MARYLAN b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Minutes		1,4
3.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address of the control of th	ess) d. STREET ADDRESS  4006 5 22 15 21  Last 4. DATE Month OF DEATH May	e. IS RESIDENCE ON A FARM.  YES NO Year  19 /
0.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1.  10. Letter WIDOWED DIVORCED 2. USUAL DCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY INDUSTRY INDUSTRY	5-/2-7   State of foreign country   12. Cl	TIZEN OF WHAT
15	FATHER'S NAME  C. W. C. S. C. C. S. C. C. S. C.	14. MOTHER'S MAIDEN NAME  17. INFORMANT  Mrs. Jorothy Bacon Mother Same	as #2
1	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	in Muzikage	INTERVAL BETWEEN ONSET AND DEATH
CAL CERTIFICATION	OR CONTRIBUTING TICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.  PLACE OF INJURY (Home, farm, 20f. (City or town) (Couractory, street, office bidg., etc.)	
MEC	p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from	that death occurred at 11.5 M, from the causes and on the	he date stated above ATE SIGNED

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages/1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after death. FINE PINE OF ATTENDING TO YSICAR: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

Thomas Warner Fumpirey,

23b. DATE THEREOF

5-29-67

BURIAL, CREMATION, REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town or county) 23d.

ed, Maryland REGISTRATURE Suitland

25a. REC'D BY REGISTRAR

(State)

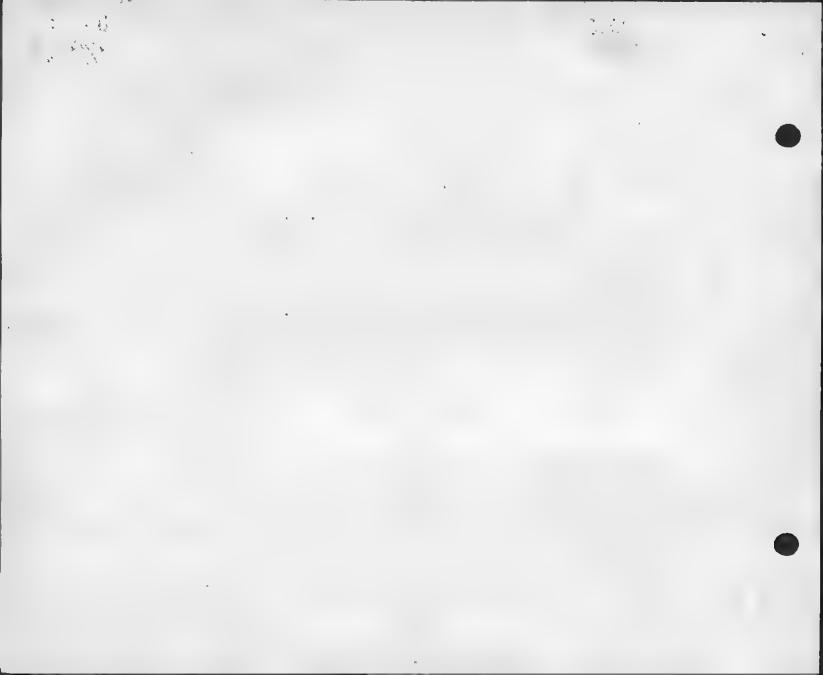


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF REATH

00000	CEKIIFICATE	OF DEATH		06793
PLACE OF DEATH o. COUNTY Montgomery	MARY,AND	2 USUAL RESIDENCE (Who a STATE Marylane	ere deceosed lived finst fot or b. COUNT	Residence before admission)
b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)  Rockville	c LENGTH OF STAY IN 16	Rockville	de corporate limits, write RURA	L and give nearest town)
d NAME OF HOSPITAL OR NSTITUTION (If not in Potomac Valley Nursi		d STREET ADDRESS 403 Anders	on Ave.	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) HENRY	Middle F. BAK	Last	4. DATE Month OF DEATH May 30	Day Year 19
	MARRIED NEVER MARR ED DOUGLED DOUGLED	B. DATE OF BRITH Dec.10,1886	9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS Months Days Hours Min
10a USJAL OCCUPATION (G ve kind of work done during most of working fe, even if refired)  Retired	105 K ND OF BUSINESS OR NOUSTRY	Maryland		12 CITIZEN OF WHAT COUNTRY?
Reuben Baker  s was deceased ever in u.s. armed forces?	16 SOCIAL SECURITY NO 17	Mary Belt	Address	
S WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wor or dotes of ser	217-36-7275 I	Ellen L. Bak	er-Item # 2	
18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  2 2 X DUE TO  Conditions, fony which gove ) (b)	er time for (o), (b), and (s))	Infantin	Share 2 a	NTERVA BETWEEN ONSEJ AND BEATH
stoting the underlying couse (a),   DUE 10	Clistal C	in Harras	Yes.	13-11
PART II OTHER SIGNIFICANT CONDITIONS CONTI	R BUT NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	TION G VEN IN PART I(0)	19 WAS AUTÓPSY PERFORMED? YES [ NO [X]
200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW IN, JRY OCCURRED	(Enter noture of injury in Pol	t I or Port II of item 18)	
20c TIME OF INJURY Month, Doy, Year Haur a.m. 19		CE OF INJURY (Home, form, tory, street, affice bldg., etc.)	20f (City or town)	(County) (State)
21 <b>I certify</b> that (I) (this haspite saw the deceased alive on	al)-aftended the deceased from_	at death occurred at	3 2 10 3 / 3 0 2 3 M7 Joseph pauses en	that (I) (we) land an the date stated above
220 S GNATURE	Prz. 2 M	D PHYS DI	ED STAFF PHYS	226 DATE SIGNED
22c. Physician's NAME (Type) Stephen (N.	Jones	Rockvil	le,Maryland	/ /
230 BLRIAL, CREMATION, REMOVAL (Specify) Burial 6/2/67	Parklawn	CREMATORY	23d LOCATION (City or Town Rockville, Mc	
24 FUNERAL D RECTOR TWOOD Wheeler Funeral	ADDRESS		Y REGISTRAR 25b REGI	STRARS SIGNATURE

Rockville Md.

completely tilled in by the tuneral nove cathin popers. Pages Lond 2 no devent within 72 hoursofter death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove cathon bapers should be filed with the State Dept. at Health prior to burial, cremotion, or removal, and in any event, within 72 his



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0680	7		CERTIFICA	TE O	DEATH			0	6794	
	1 PLACE OF DEATH					SUAL RESIDENCE (	Where deceos	ed lived, if institu	tion. Residenc	e before odine	ission)
V	o COUNTY MO	ntgomery		MARYLAND	0	STATE Mary	yland	b (01		iteom i	.V
7	b CTY OR TOWN	If outside corporate in t	s, c	LENGTH OF STAY N Ib		TY OR TOWN (If ou		le limits write Rl			6.7
4	write RURAL on Bethes	d give nearest town)		ZA Davs	C	hevy Chas	S.A.				
		ua FAL OR INSTITUTION (If no	ot en hospital a ve			TREET ADDRESS				e IS R	ESIDENCE
	The Clini	cal Center,	Betheso	la, Md. 2001	4 4	409 Stani	ford S	treet		YES [	A FARMA
	3 NAME OF		rs†	Middle		Lost	4 DATE	Mor	ith	Doy	Year
	(Type or prat)	Hele	ena	Stanislaw	ra.	Banezyk	OF DEATH	May	Į	31	19 67
	2 ZEX	6 COLOR OR RACE	7 MARRIED			E OF BIRTH	9	AGE (In years	IF UNDER 1		DER 24 HRS
1	Female	White	WIDOWED	DIVORCED	Apr	il 6, 19	10	lost birthdoy) 57 yrs	Months	Doy. Mou	rs Min
		N (G ve kind of work done		OF BUSINESS OR	11	BIRTHPLACE (County	& Stote, or for	eiðu conujtá)		ZEN OF WHAT	
	during most of working Housewall		INDUS	None		Poland			(00	NIKI ,	USA
	13. FATHER S NAME		,		14	MOTHER'S MA DEN	NAME				
	Karol Wil	czynski			Z	ofja Woj	ciecho	wska			
		ER IN U.S. ARMED FORCES? (If yes give wor or dotes o		IAL SECURITY NO I	7 INFOR	MANT The M	edical	Records	The	Clinic	cal
	No	(1) Aez dise mot of goles (				r, Bethe					
		EATH (Enter only one cou	use per line for (a)	, (b), and (c))				_		INTERVAL	
	PART I DEA	TH WAS CAUSED BY IMMEDIATE CAUSE	(o) Pseudo	monas Pneum	onia	and Sept	Licemia	1		क्स स	A TAME
	4/	DUE	TO					Leuke	,		
	conditions of only	le couse (o) (		c Transform	atio	n of Chro	onic M	yelogen.	u 3/	, h	leuka -
	stoting the unde				_					40 3	(L.1
	last	,		c My∈logeno							1 inths
	PART II. OTHER S	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS A OPSY PERFORMED?									
	Nota									YES X	NO 🗌
	OR CONTRIBUTING	S UNDER, YING   G CAUSE OF DEATH	20b DESCR	IBE HOW INJURY OCCURR	ED (Enter	noture of in any in	Port or Por	II of item 8)			
		MEDICAL EXAMINER)									
	20: TIME OF INJ	URY Month, Doy, Year	20d INJU	RY OCCURRED 20e	PLACE OF	N.JRY (Home form eet, office bldg , etc	n 20f	(C by or town)	ر کا	nty)	(Stote)
	P	m. 19	of work L	ot work							
	21   certi	ify that \H-(this has	spital) attended	the deceased from	Apri	1 17, 1	19 67, 1	May 31	, 19_	on that X)	
			lay 31	19.67, and t	hat dea	th accurred at	0:55PM	, tram causes			red abave
	220. SIGNATUR	last b	1 (1,1)			TENDING	MED	STAFF F		TE SIGNED	7. 17
	22c PHYS CIAICS	arun 11	1 Ahl	<u> </u>		175 L. 22d ADDRESSTh					967
,	NAME (Type		hen. M.	D.		nstitutes					
	230 BURIAL CREMAT			23: NAME OF CEMETERY				CAT ON (City or T		(ounty)	(Stote)
	Burlal Specify			Mt. Olive				hingto		. , , , ,	(3,016)
	24 FUNERAL DIRECTO	NP		ADDRESS		250 REC	D BY REGISTR	AR 255 F	REGISTRAR S SI	GNATURE	
	ROBERT A	. PUMPHKE	EY, Bet	hesda, Ma	ryla	nd		1007			STE.

When it by Justy

1967

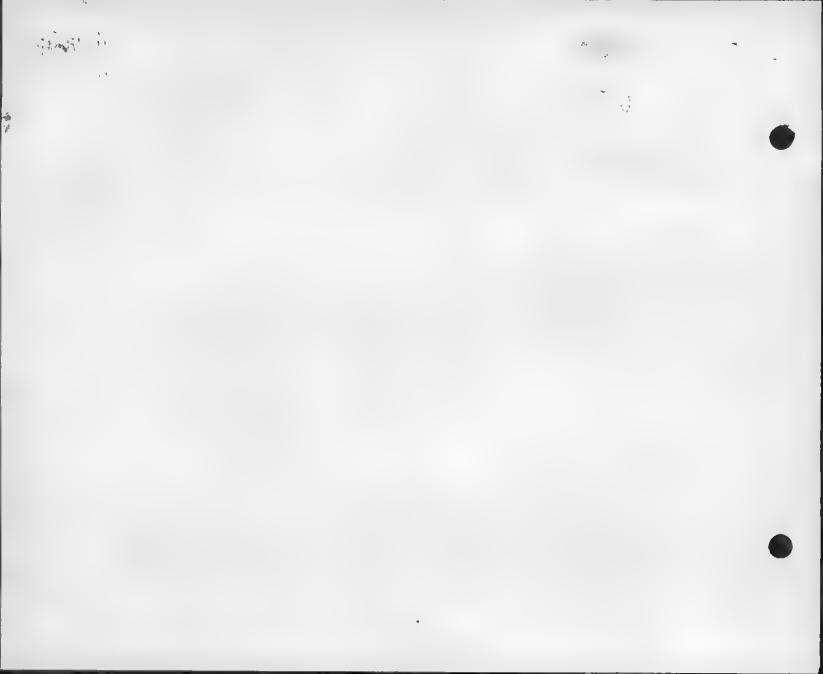
VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physicion and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in bay event, within 72 hours after death

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TO HOSPITAL OR ATTENDING PHYSICIAN: The Taw requires that the deoth

Page 4 may be retained by the hospital or attending physician.



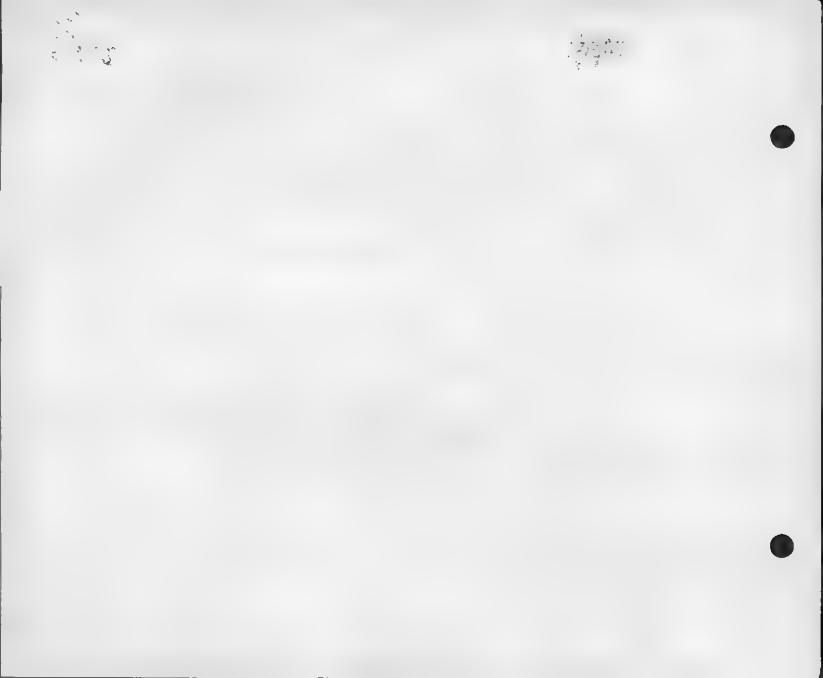
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

	06808	CERTIFICATE	OF DEATH		6795
	PLACE OF DEATH a COUNTY  MONTGOMETU, b CITY OR TOWN (If autside Oparate limits)  C. LE	MARYLAND NGTH OF STAY N 16	a STATE MAP	there deceased lived if institution. Resid b. COUNTY side carpagate limits, write RURAL and g	ONTOOMER
_	write RURAL and give nearest town) Taken A Pauk.  d. NAME OF HOSPITAL OR INSTITUTION (It not Mospital, give structure)  Washing ton Sonitation	11 0	Silver d street ADDRESS - 8642 P	Ney Branch Rd	e is residence On a farm YES NO
	NAME DF DECEASED (I'ype or print)  SEX 6 COLOR OR RACE   MARR ED   TAT	Middle BA	Lost PARLO DATE OF BRIH	4 DATE Month OF DEATH  9 AGE (In years   IF UNDE	Day Year  23 1967  R 1 YEAR   IF UNDER 24 HRS
	F W W DOWED   SUAL OCCUPATION (Give kind of work done 10b KIND OF	DIVORCED	4-28-83	last o rindoy) Months	
dur	ing most of working life, even if retired)  NOUSE WIFE  FATHER S NAME		I TALY  14. MOTHER'S MAIDEN N		COUNTRY?
	WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give wor or dotes of service)  ACCUMANTAL	SECURITY NO 17 II	PO FLOATS	Chart Address	
	THIRD IN COUNTY OF	), and (c))	<u>a</u>		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove trise to immediate cause (a), stoting the underlying cause				"Today's
CERTITICATION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAL  CONCERS UP TO THE PROPERTY OF THE PR	L'aldion se	Sty THIR	DITION G VEN IN PART 110, Lake to come 18 store 1	19 WAS AUTOPSY PERFORMED YES NO
₹	OR CONTROBUTING CLICAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20c TIME OF NURY Month, Doy, Year 20d INJURY	OCCURRED 20e PLAC	E OF INJURY (Hame farm,	<u>'</u>	(State)
MED	2). I certify that (1) (this hospital) attended t	at wark L.I.	ory, street, office bldg., etc.)  5 - 17 , 19  death occurred of,	962 to 5 -23 15 5, 34M, from colses and an	the date stated obove.
	22c. PHYSICIAN'S NAME (Type) A Lan R. Gar	1 MD	ATTENDING PHYS 22d. ADDRESS		DATE S GNED J
R	BURIAL CREMATION, REMOVAL (Soprefy) 5/23/67  LEMERAL DIRECTOR  LEM	NAME OF CEMETERY OR CO		BY REGISTRAR 256 REGISTRAR	(County) (Stote) Pennsylvani SIGNATURE



06809	CERTIFICATE	OF DEATH		06798
PLACE OF DEATH  o .COUNTY		2 USUAL RESIDENCE (Where d		
MONTGOMERY	MARYLAND	MARYLI	AND 5. COUNTY	MONTGOMERY
b CITY OR TOWN (If outside corporate limits, write RURAL and give georest town)	C LENGTH OF STAY IN +6	c C TY OR TOWN (If outside co	rporote m is write RURAL	and give nearest towr,
lakoma Park	2-3 A4 2-8	31lver S	pring	
d NAME OF HOSPITAL OR NSTITUTION (If not in h	ospital, give street address)	d STREET ADDRESS	6 10 111	e IS RESIDENCE ON A FARM?
Washington San.	+ Hospital	602 MAIN 19	irk way	YES NO 🔀
NAME OF First	Middle	Ost 4 Di		Doy Year
(Type or print)	YN AMELIA	DAKCLAY DE	ATH MY/A	8 196/
	ARR ED NEVER MARRIED	B DATE OF BIRTH	ost birthday) 1	F UNDER 1 YEAR   IF UNDER 24 MRS   Months   Doys   Hours   Min
Hemale Caucasic,n w	DOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	9-21-00	60 YIS	I 12 CITIZEN OF WHAT
uring most of working life, even first red)	INDUSTRY .	11 BIRTHPLACE (County & State	h-A	COUNTRY
3 FATHER S NAME	_eut, _tre	14 MOTHER'S MAIDEN NAME	B 16 .	LINITED STATE
Joseph S. Hancox		Emma	2	
S WAS DECEASED EVER NILS ARMED EODCESS	16 SOCIAL SECURITY NO 17	INFORMANT OF THE	Address	
(Yes, no, or wiknown), (If yes give war or dates of servi	(0) - 6 - 1		az Landark W	my 55. md
1B CAUSE OF DEATH (Enter only one couse per		COMOD D	fanark =	INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	PRINTER UMA	enlar assi	Level	ONSET AND DEATH
IMMEDIATE CAUSE (o)	The second second	4		
Conditions if any, which gove ) (b)	themin Carling	rasculas # 6	mertensine dis	epso
rise to immediate couse (a), Stating the underlying couse DUE TO			//	
los1				
PART I OTHER SIGN.F.CANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERM.NAL DISEASE CONDITION	GIVEN IN PART ()	19 WAY ALTOPSY PERFORMED?
				YES NO D
200 ACC DENT WAS UNDERLY NG  4 OR CONTRIBUTION G CAUSE OF DEATH ALE STRUED, MOTTEY MEDICAL EXAMINED	20b DESCR BE HOW INJURY OCCURRED	(Enter nature of injury in Part La	r Port II of tem 1B )	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c TIME OF INJURY Month, Doy, Year Hour o m.		CE OF NJURY (Home, form 2) ory, street, office bldg , etc.)	20f (City or tewn)	("sunty) (State)
p.m. 19	of work of work	ory, street, write blug, etc.)		
21 I certify that (I) (this haspitol)		anusty 1962	ta Make 8	, 197, that (I) (we) los
saw the deceased alive an	1967, and tha	t death accurred at 4/34	M, fram causes an	d an the date stated above
220 SIGNATURE	U	ATTENDING MED DECTO	STAFF -	22b DATE SIGNED
22 PHYS CIANS	MI	PHYS D RECTO	OR PHYS L	5-8-67
NAME (Type)	A	Burraneviller	reclical Cointer	Bustines 1/k, Wel.
30 BURIAL CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY OR		1 LOCAT ON (City or Town)	) ((ounty) (State)
REMOVAL (Spec fy)	us ? Inst	'emetaru 1	of the second	(2001)
24 FUNERA DIRECTOR	ADDRESS	250 REC'D BY RE	GISTRAR 256 REG S	TRAR > S GNATURE
The state of the s	10 10 10 10 10	DATMAY 1	1 1967 800	ionla Imper

TO FUNERAL DIRECTOR: After this cert fcate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be field with the State Dept. of Health pr or to burial, crematian, ar removal, and in any event, within 72 haurs after death

to Hospital or Attending PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16810 CERTIFICATE OF DEATH 24 nours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b COUNTY Montgomery o. COUNTY Maryland Montgomery MARYLAND b CITY OR TOWN (If guts de corporate limits, LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate 1 m ts, write RURAL and give necrest town) write RURAL and give nearest tawn) 2 weeks Bethesda Bethesda d STREET ADDRESS e IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Suburban Hospital 6100 Swansea Street 3 NAME OF Middle OF DEATH May 30. BELLE 1967 WALTON BARNES (Type or print) remove car in dny event, FUNDER 1 YEAR 9 AGE (In years 6 COLOR OR RACE 8 DATE OF BIRTH 7 MARR ED NEVER MARRIED ost birthdoy) White Female May 5, 1895 DIVORCED W DOWED 11 BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1Do USUAL OCCUPATION (Give kind of work done requires that the death certificate be during most of working Lie, even if retired)
Housewife COUNTRY? edse INDUSTRY ond North Carolina 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME remov**al**. Ella Olivia Johns Edward Walton WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO 17 INFORMANT S WAS DECEASED EYEK IN 3.5 ARMILLO TORCES of Service 215-44-8510B Husband Same as Item 2. William W. Barnes No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate couse (a). DUE TO stating the underlying couse os the has been last. 19 WAS AUTOPSY PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? detached for use te Dept of Health NO TW O FUNERAL DIRECTOR: After this certificate 2Do ACC DENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 1 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 2De. PLACE OF INJRY (Home, form (City or town) ((ounly) (State) 20c. TIME OF INJURY Month, Doy, Year Hour om. foctory, street, office bldg., etc.) Not While of wark ot work 21 I certify that (1) (this haspital) attended the deceased from\_ 1964, to 5/30 director, page 3 should should be filed with the 1967, and that death occurred of 135° PM, from couses and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED SIGNATURE ATTENDING 4720 Chevy Chase Drive 22c. PHYSICIAN S DONALD O. EKMAN NAME (Type) Chevy Chase, Maryland 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) 6-2-67 Washington Natl Suitland, Maryland Cem. 24 FUNERAL DIRECTOR Robert A. Pumphred PRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 1967 14. 192 Bethesda, Maryland 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0681; CERTIFICATE ond 2 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COHNTY papers Pages r v hun 72 hours after d MARYLAND The law requires that the death certificate be executed within 24 hours after b. CITY DR TOWN (If eurside corporate limits. CLENGTH DE STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS IS RESIDENCE .⊑ TALLOR INSTITUTION (If not in hospital, a ve street oddress) filled 4 DATE NAME OF Middle DECEASED OF DEATH ere (Type or print) 0 DATE OF BIRTH 9 AGE (In years TELLINDER 74 HRS 6 COLOR OR RACE 7 MARR ED NEVER MARRIED lost hirthdoy Months Dovs W DOWED DIVORCED pup 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? INDUSTRA Valomail MOTHER'S MAIDEN NAME 13 FATHER'S NAM IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or ynynown) ( t yes give wor or dates of service IB CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) IN ERVAL BETWEEN signed by the buriol-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (0) DUE TO Conditions, if only which gove rise to immediate couse (a). DUE TO stating the underlying couse the r to hos been lo st 0.0 WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While of work of work After 21 I certify that (i) (this hospital) attended the deceased from 1000 1936 to 1/64 , and that death accurred at 6 35MM, from causes and saw the deceased alive on\_ an the date stated 220 SIGNATURE DATE SIGNED MD director, poge should be filed 22c PHYSICIAN'S ADDRESS TO HOSPITAL TO FUNERAL NAME (Type 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BUR AL CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) Gate of Heaven Cem. 0-1967 Burial REC'D BY REG STRAR ADDRESS 250 REG STRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06812 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functioning Residence before admission) o COUNTY b. COUNTY MARYLAND c LENGTH OF STAY IN 16 b CITY OR TOWN ( Foutside corporate limits, TOWN ( Fourside corporate limits, write RURAL and give in it town) d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (I not a hospital give street address) NAME OF Middle 4 DATE DECEASED OF DEATH (Type or print) 7 MARRIED lost b rthday) **WIDOWED** 10g USUAL OCCUPATION (Give kind of work done during most of working life leven if retired) 13 EATHER'S NAMI 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove use to immediate cause (o). stoting the underlying couse 19 WA A TOPS PART I.. OTHER SIGN.F.CANT CONDITIONS CONTR.B.T.NG TO DEATH-OUT NOT RELATED TO. THE TERMINAL DISEASE COND TON GIVEN N PART I(0) PERFORMED?

filled in I that the death certificate be executed signed by the burial-transit detached for use as the te Dept of Health prior to OR ATTENDING PHYSICIAN: The 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of term 18.) OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 20d NJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f (City or town) 20c TIME OF NILRY Month, Doy Year TO FUNERAL DIRECTOR: After this foctory, street, office bldg , etc.) Not While of work 1 certify that (1)(this haspital) attended the deceased fram\_\_\_\_\_ 19 \_ - ta and that death accurred at Z 3 12 M, from causes and an the date stated above. saw the deceased glive an 226 SIGNATURE DIRECTOR 22d. ADDRESS 22r PHYSICIANS O HOSPITAL NAME (Type) 235 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION. REMOVAL (Specify)

25M 1/67

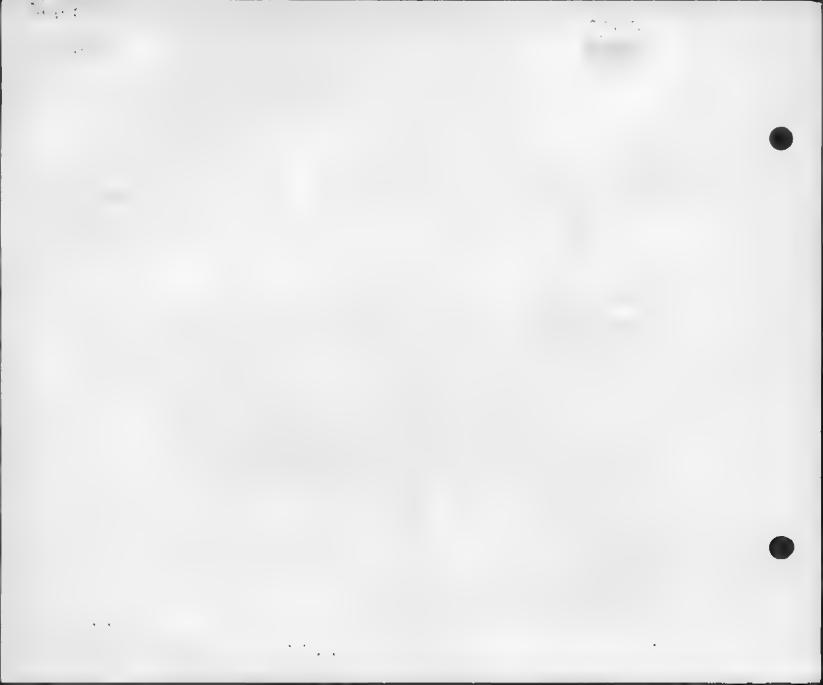
24 havrs ofter death.

funeral

25b REGISTRAR S SIGNATURE

19\_\_\_\_ that (I) (we) last

22b. DATE SIGNED

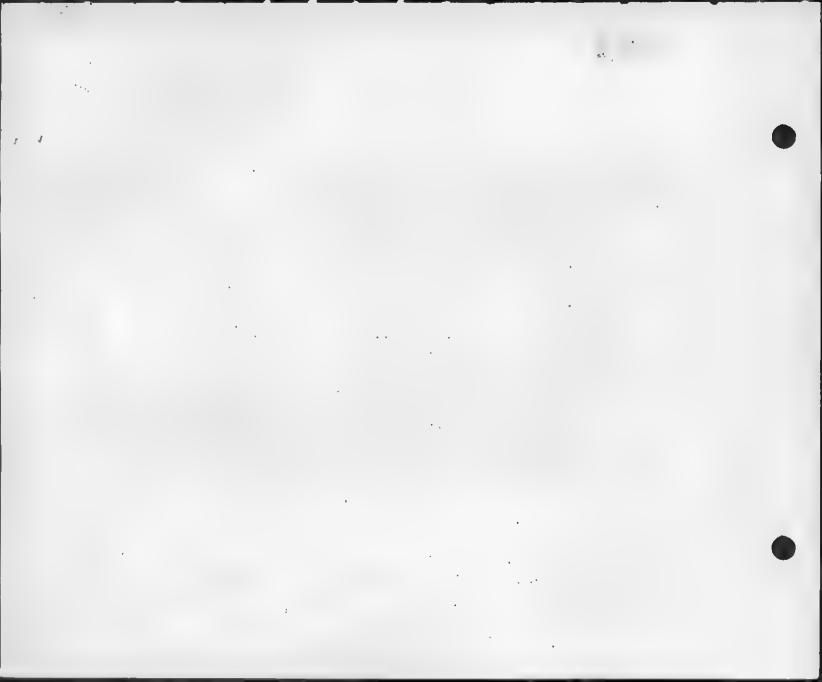


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the fa \_\_ecuted centificat the attend t permit. ation, or re The law requires that the been signed by the burial-transit or to burial, crama has b as th prior t r this certificate hadetached for use a te Dept. of Health p After Id be d e State page FUNERAL HOSPITAL director, p

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH RAYBON PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate timits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 3. NAME DE DATE 4. Month Day Middle Last DECEASED OF DEATH 19 / (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX DATE OF BIRTH 6. COLOR 9. ÖR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Oays Hours | 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR (County & State, of foreign country) during most of working life, even if refired) COUNTRY? INDUSTRY Repens her -1000 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address WAS DECEASED EVER IN U.S. AGMED FORCES? 17, INFORMANT 16. SOCIAL SECURITY NO. (Yes. no. or unknwn) (If yes give war or dates of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION PERFORMED? NO 🔀 YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) CAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While p,m. 19 at work! at work 19 6 7 to 10 10 13 19 15 1 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from  $\omega$ M, from the causes and on the date stated above. saw the deceased alive on. and that death occurred at ..... 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22c BHYSICIAN'S 22d. ADDRESS NAME (Type) LOCATION (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF 23b. REMOVAL (Specify) Centerry REGISTRAR'S SIGNATURE NEC'O BY REGISTRAR | 25b. FUNERAL DIRECTOR

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

A Section of 4 . . . . . . . -

= ~ = =	(	06819	CERTIFICATE	OF DEATH		00006
The see see		PLACE OF DEATH		2 USUAL RESIDENCE (Whe	re deceosed lived, if institution Re	sidence before admission)
	'	Min + anner	MARYLAND	Marslan	d b county Pr	ince Herris
afte ges aft		CITY OR TOWN ( f but de corporate im ts.	c LENGTH OF STAY IN TO	c C TY OR TOWN (If outsid	e corporate limits, write RURAL on	d give neorest town
24 hours after ed in by the fu ppers Pages 1 72 hours after		Takona Park	5-29-5-30	Huntla	ville	
ho in B		NAME OF HOSPITAL OR INSTITUTION (If not in hospito,		d STREET ADDRESS	,	e IS RESIDENCE ON A FARM
n 24 Med in poper nn 72	16	lashington Sanitarium and	1 Hospital	7204 A	delphi Road	YES NO 🔀
within telly fulle ribon po	3	NAME OF First	Midd e	Lost 4	DATE Month	Doy Year
ed wi		Type or print) Celiar W.	Anna	Beckman	OF May	30 1967
	5	EX 6 COLOR OR RACE 7 MARRIED		DATE OF BIRTH		NDER 1 YEAR   IF UNDER 24 HRS
complex comple		Family White WIDOWED	DIVORCED 🗍	4-12-79	fost birthdoy) Mon	ths Days Hours Min
			IND OF BUSINESS OR	11 B RTHPLACE (County & St	ate or foreign country)	2 CITIZEN OF WHAT
cian o	dun	Trousewife fretired)	wn Home	Ohi		OMERICA.
Pla ysrc	13	FATHER'S NAME		14 MOTHER'S M"		
th cert ficate be		Charles Sumner Willia	ams	Mary (	Crimmins	
			SOCIAL SECUR TY NO 17 17	NFORMANT	Address	
e deo offeno ermit in, ar	[/8	(If yes give wor or dates of service)	20-50-8583 Ho	ospital char	† Takoma F	ark, Md.
the death se ottendin t permit atian, ar re		f8 CAUSE OF DEATH (Enter only one couse per line fo				NTERVA, BETWEEN
at 1 here		PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	NEUHONIA	RUL	268.	ONSET AND DEATH
train the sign of		HE 1 DUE TO				
ysue gne gne rial		Conditions, if ony, which gove ) (b)	NERALIZE	D ARTE	10 SCLENOSIS	YRS.
required to but of the		rise to immediate couse (a), Stating the underlying couse				
din din or to		last.				
the late of the os the	=	PART FLOTHER SIGN FICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL D SEASE CONDIT	ION GIVEN IN PART NO	'S WAJA'* PSY PERFORMED
	CERT'S CATION					YES 🔀 NO
for the He	3,13	20b ACCIDENT WAS UNDERLYING ☐ 20b D OR CONTRIBUTING ☐ CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED (	Enter noture of injury in Port	or Port L of tem 18 )	
Spirit and the property of the	19	(IF EITHER, NOTIFY MEDICAL EXAMINER)			- to the same of t	
PHY e ho	MEDICAL	20c TIME OF NooRY Month, Doy, Year Hour o.m. 20d While		E OF NJURY (Home farm pry, street, office bldg , etc.)	20f (C 'y or town)	(Stote)
The state of the s	×	pm 19 at wo	rk ot work			
A P P P P P P P P P P P P P P P P P P P		21. I certify that (I) (this hospital) after	ded the deceased fram	MAY 27 , 19,	17, to MAY 30	1967 that (I) (we) lo
OR:		sow the deceased alive an MAY	19_6/ ond that	death occurred at		
Meta Elektrick		220 SIGNATURE	Thellen	ATTENDING ME	D STAFF	P. DATE SIGNED
DIR DIR Jed		22c PHYSICIAN'S COLOR 17 - 8	Specimen MD	PHYS DF	RECTOR L PHYS L	7F4/8Z
HOSPITAL  gge 4 moy  FUNERAL  rector pog  hould be fi		NAME (Type) ALBERT 4.6	-ROLLHAN	1106 5/1	PING 97. 51	ILVER SIRIUM
HOSPITA ge 4 more FUNERA rector provide be	230	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C		23d LOCATION (City or Town)	(County) (Stote)
Poge O FUN direct shoul		<b>BWY4</b> (Profy) 6/2/67	Ft. Lincoln	n	Colmar Mano	
VR A15 (4)	1 -	FUNERAL DIRECTOR	ADDRESS	2So REC'D B	2.9	AR'S SIGNATURE
25M 1/67		Francis Gasch's Sons Hy	attsville, Mary	yland DATEUN	5 1967 // **	wes Indal

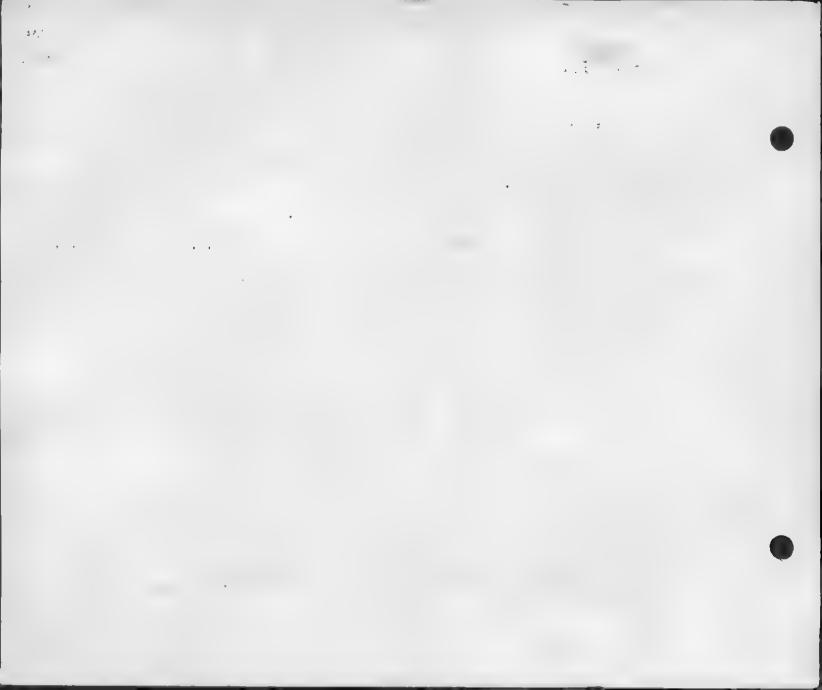


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit perm.t. Then please remove carbon papers. Pages about a should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 moy be retained by the hospital ar attending physician

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0681	6		CERTII	FICATE	OF DEATH				06803
	PLACE OF DEATH					2 USUAL RESIDENCE (W				efore odnass on)
	COUNTY FLOT	F JON LRY		MAR	RYLAND	· SIATE	}	b. COU	MAII	Y
1		f outs de corparate limits,		c LENGTH DE STAY	IN 1b	c CITY OR TOWN ( Fout	tside carpo	orate imits write Rul	RAL and give nec	orest town)
	Write RURAL and BETHLS	give neorest town)		2 months		SILVER S	PAIN	G		
		AL OR INSTITUTION (If not in he	isp tal, g v	e street address)		d. STREET ADDRESS				e S RESIDENCE ON A FARM?
	WE3! IOU	SALITARIUM &	HUSE.	ITAL		L211 Wood				YES ND
	NAME OF	First		Middle		Lost	4 DATE	Moni	th i	Day Year
]_[	DECEASED (Type or print)	Sarah B.			Eant1		DEAT		17	19 67
5 5	SEX	6 COLOR OR RACE 7 MA	ARR ED	NEVER MARRIE	ED [ 8	DATE OF BIRTH		9 AGE (In years last birthday)	Months Do	
	Female	White W	DDWED [	DIVORCE	ED 🔲 2	7 Nov. 1877	7	89 yrs		<u></u>
		(G ve kind of work done	11.75	OF BUS NESS OR		1 BIRTHPLACE (County 8		.,	12 CT ZEN COUNTI	DF WHAT
duri	ing most of work ng	re even it retired)	Jeter	ans Admi	nistro	tiggshingto	n, D	.C.	L.	S.A.
13	FATHER'S NAME					14 MOTHER'S MAIDEN N				
	0. Iando	A. Doteler				Mary J	J. Mi	ller		
1S	WAS DECEASED EVEL	R NUS ARMED FORCES? (If yes give wor or dates of service	16 50	CIAL SECURITY ND	17 1	NFORMANT		Addr	" Woods	ide Pkwy.
(Te	//O	(If yet give war or dates at service	57	9-60-484	9 Mr.	s. J. Regino	ald E	Boyd Sile	184 100	ing Mid
		ATH Enter only one cause per	ling for (c	1), (b) ,gnd (c).)	1			7		NIERVAL BETWEEN
	PART I DEAT	TH WAS CAUSED BY  MMEDIATE CAUSE (a)	Ci	2032 ( b	1. 2.	L-1 3 Z	, x	1		DNSET AND DEATH
	331x	DUE TO		7/		/				1
	Conditions, if ony,		de	HELIX	20	Ceretones.				712
	rise to immediate stating the under	e couse (a), [ DUE TO								
	lost	(c)								
-	PART II OTHER S	GNIFICANT CONDITIONS CONTR B	JT NG TO	DEATH BUT NOT RE	ELATED TO T	HE TERM NAL DISEASE CON	IDITION G	IVEN N PART 1,0)		19 WAS AUTOPSY PERFORMED?
4710										YES NO
CERT.FICATION	200 ACCIDENT WAS	UNDERLYING 🗆	20b DESC	RIBE HOW INJURY	OCCURRED (	Enter nature of injury in I	Port 1 or I	Port II of item 18)		-
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)								
MEDICAL	20c. TIME DE INJU	JRY Month, Day, Year		URY OCCURRED		E OF INJURY (Home, farm		(City or town)	(County	) (State)
MED	Hour an	n. 10	While of work	Not While of work	focto	ory, street, office bldg., etc.)		1		,
		fy that (I) (this haspital)		ed the deceased	I fram, i			ta. 1 + - +-1	Z 196 )	that (1) ( <del>we)</del> last
		eceased alive on	11	<u>7</u> 194-7.	and that	death occurred at		M, fram cacses	and an the	date stated abave
	220 SIGNATURE,	1	7	7.	1/	ATTEND NG TOT	MED	STAFF	22b DATE S	SIGNED
		111.7/20	2/	L _ 1	MD	PHYS	DIRECTOR		1 2/1	7
	22c. PHYSICIAN'S, NAME (Type)	[11] [1]: - 1	Late			22d ADDRESS	12.1	Al In t	Ih ch'	0.0
	MARIL (Type)	William Luc	REAL						lashingi	
230	BURIAL CREMATIO			23c NAME OF CER			23d	LOCAT ON (City or To	((a	unty) (Stote)
18	REMOVAL (Specify	17ay 19 1	967	Glenwood	d Cemi	etery		shington,	D.C.	dvi ni
Z	FUNERAL DIRECTO	R	They &	434 ADDRESS	ain a	250 REC	BY REGI	SIRAR 256 R	EGISTRAR'S S GN	ATURE
10	larner E.	Purphrey. Inc	. 5	1004 504	gia A	DETINE DATE	LJ	196: 1	want by	X . 2

VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06804

96817

CERTIFICATE OF DEATH

	~ ~ ~ ·											-
	PLACE OF DEATH					2 USUAL RESIDENCE (V		h col		e betore ad	missian)	
	o. COUNTY	ONTCOMERY		MARYLAN	ND D	o. STATE Cali	forn	la	UNIT		2	
		(If outside corporate limits,		C LENGTH OF STAY N 1	b	c. CITY OR TOWN (If ou	tside carpo	rote mits, write R	LRAL and give	nearest tax	мп)	
	BETHES	d give nearest town)		36 DAYS		Lon	g Bes	ich				
	d NAME OF HOSP I	TAL OR INSTITUT ON (It not	in hospital, g	give street oddress)		d STREET ADDRESS				e S	RES DEN	M?
	NAVAL H	OSPITAL				3506 Calif	orni	a Avenue		YES		0 🔼
	NAME OF	Firs	t	Midd e		_OS†	4 DATE	Mo	nth	Doy	Year	
	DECEASED (Type or print)	GUST	AV	CONRAD		BERG	OF DEAT			25	19 6	
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED [	] 8	DATE OF BRTH		9 AGE ( n years	Months 1		UNDER 2	4 HRS.
]	MALE	CAUC	WiDOWED	DIVORCED [		22 OCT 190	00	66 th orthdox)				
		N (Give kind of work done		ND OF BUSINESS OR IDUSTRY		11 B RTHPLACE (County-	& Stote or	fore gn country)		ZEN OF WE	AT	
UJII	NAVY	life, even if retired)	III	DOJIKI		Sweden				J	JSA	
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME					
- (	Gustav B	erg				unknown						
15	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	service) 16	SOCIAL SECURITY NO		NFORMANLONG Be			ress Cald			
116	Yes	1918-45	57	73 36 6580	Mr	s. Evelyn I	. Be:	rg, 3506	Califo	rnie	Ave	
		EATH (Enter only one caus	e per line for	(o), (b), and (c))							AL BETWI	
	PART 1 DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (	el Par	ncreatitis,	acı	te necrotizi	ng			UNSEL	AND DEA	,IH
	- 17	DAE.	TO									
	Conditions, if ony		(b) Pe	eptic ulcer	dis	sease						
	rise to immedia stoting the unde		10									
	last.		(c)							<u> </u>		
2	PART II OTHER S	GNIFICANT CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON	ID TON GI	VEN IN PART 1(o)			SAUTOP	
CATION										YES [	_ NC	16-16
CERTIF C		AS UNDERLYING []	205 DE	SCRIBE HOW INJURY OCCU	RRED (	Enter noture of injury in	Port I or P	ort II of Item 18)				
		G 🗀 CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Year				E OF INJURY (Home, form		(Eity or town)	(Cou	inty)	(Sto	ote)
ME	Hour o	m 19	While at work	k at work		ory, street, office bldg., etc.)				C		
	21. I cert	ify that (I) (this hos	pital) atteni	ded the decegsed fro	am_F	pr. 20 ,	901	to May 2	7 , 19	of, that	<del>(</del> ¹) (w	e) last
	saw the o	leceased alive an	May 25	19 <u>_67,</u> and	d that	death occurred at	500A	M, from cause	s and an th	ne date s	tated (	abave.
	22a. SIGNATURE	77	11 1	1/1/20 00		ATTENDING -	MED	STAFF		ATE SIGNED	300	P7
		heodox	N. 1	Vilson, Jr.	M E	PHYS L	DIRECTOR	PHYS	May May	y 25,	196	1
	22c. PHYSICIAN NAME (Type	S Mhaadana 1	T ETS 7	son In M	D	Naval Hos	nito	1 Rotha	ede Ma	4		
	- Inwine (14b)			son, Jr., M.			-					
230	BURIAL CREMAT		REOF 7	23c NAME OF CEMETER				LOCATION (City or	,	(County)	(Sta	te)
	REMOVAL (Specif Burial				n Me	emorial Parl		ypress,				
24	FUNERAL DIRECT	OR Robert A.	Pumphr	ey ADDRESS		2So REC'E			REGISTRAR'S SI		المجالية	
R.	neral Ho	me. 7557 Wi	sconsi	n Ave., Beth	esd	B, Md. DATE M/	4Y 2 9	1967	Illian	THE DAY	8	

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perm.! Then please remove carbon papels. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 transforter death.

VR A15 (4) 20 M 1/66



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## CERTIFICATE OF DEATH

DESDE

CARACA			4_1(11114	4 1 44	0. 02				00000
D PLACE OF DEATH	MONT GOMERY		MARYLAN	D	o STATE MAR			stitution Reside	ence before odmission)
write RURAL ond	If autside corporate mits d give nearest town) IESDA (rural		C LENGTH OF STAY N IE		COLLAND CONTROL OF LAUREL	utside carpoi	rate limits, wr l	e RURAL and gr	ve nerrest tawn)
	AL OR INSTITUT ON (If not in	nospitol, gr			d STREET ADDRESS				e IS RESIDENCE ON A FARM?
NAVAL F	HOSPITAL				15709 BRAI	DFORD	DRIVE		YES [] NO [X
3 NAME OF DECEASED	First		Middle		lost	4 DATE OF		Morth	Day Year
(Type or print)	ANN		BEATRICE		BERGERE	DEATH		MAY	11 19 67
S SEX		MARR ED [	NEVER MARRIED	- 1	DATE OF BIRTH		9 AGE (In year lost birthdo	y) Months	R 1 YEAR   IF UNDER 24 HRS   Doys   Hours   Min
FEMALE		IDOWED [			14 DEC. 188	aller all and a second		/rs	
during most of working HOUSEW	I (G ve k nd of work done life even if retired)		D OF BUS NESS OR USTRY			OOKLYI		(	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN		12:	PHEC	
( V	IN INDIANA	FE	ENEY	1	(U NKNU	NA)	DY.	RNES	
(Yes, no, or unknown)	R IN U.S. ARMED FORCES? ( f yes give wor or dotes of sen	(e) 16 50	OCIAL SECURITY NO		RREN E BERG	्य वस्तर			AUREL MD.
	EATH (Enter only one cause pe			IV.E	numi n penu	âurin .	10/09	BRADFOR	RD DRIVE INTERVAL BETWEEN
	TH WAS CAUSED BY		xedema						ONSET AND DEATH
×	MMEDIATE CAUSE (a) _ OUE TO		·.						
Conditions, if ony,									
rise to immediate	e couse (o), ( Dur To								
lost	riving couse								
PART I OTHER SIG	GN F CANT CONDITIONS CONTR	BUTING TO	DEATH BUT NOT RELATED	TO TI	HE TERMINAL DISEASE CO	ND T ON GIV	/EN N PART .	0,	19 WAS ALTOPSY PERFORMED  YES NO
OR CONTRIBUTING		20b DES	CR BE HOW NUTRY OCCUR	RED (	Enter noture of injury in	Part 1 ar Pa	art L of Jem 13	8)	
202 TIME OF INJU	10	20d N. While at work	Not While		E OF INJURY (Home, fair ory, street, office bldg., etc		(Fity or tow	Τ,	cunty) (State)
21. Fcertif	fy that (I) (this hospito	) attende	ed the deceased fra	m	8 MAY	19_67	toII	MAY 19	67 that (I) (we) las
saw the de	eceased alive on 11				death accurred at	12:36	MMfram cau	ses and on	the date stated above
220, SIGNATURE	2 1 -1				ATTENDING -	MED	STAFF	22b	DATE SIGNED
X	low	2 -		M D	PHYS Deb	DIRECTOR		12	2 May 1967
22c PHYSICIAN'S NAME (Type)					22d ADDRÉSS				
TANKE (Type)	D. N. LOLCIN				Naval_H				Md.
230 BUR AL, CREMAT C REMOVAL (Specify			CALVARY C			23d 1	OCATION (CITY BROOK)		(County) (Stote)
24 FUNERAL DIRECTO		×	ADDRESS			D BY REG ST	1	b REGISTRAR S	
W. W. CHA	MBERS 5801 0	LEVE	LAND AVE. RI	VE	RDALE MOUNT	ay 15	1967	Milian	cay Indee

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campietely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health priar to buriol, cremotion, or removal, and in bay example, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houses Page 4 may be retained by the haspital ar ottending phys cian.

offer

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

96813	CERTIFICATE	OF DEATH		30830
I. PLACE OF DEATH			Where deceased lived, if institution	
o. COUNTY Montgomery	MARYLAND	0. STATE District	of Columbia	1 41 8
b CITY OR TOWN (if outside corporate imits	c LENGTH OF STAY IN 1b		ts de corporate limits, wr te RURA	L and give nearest town)
write RURAL and give nearest town) Wheaton	MONTH-5DAY	Washinoto	nn.	
		d STREET ADDRESS	-U.L.	e IS RESIDENCE
d NAME OF HOSPITAL OR INSTITUTION (If not in he University Nursing Ho	me	371 = 00	73.1	ON A FARM?
931 Arcola Avenue	Midd e	Last	4 DATE Month	
DECEASED			OF	10 -
(Type or print) GROINS  S SEX 6 COLOR OR RACE 7. M		Bornard	9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
			( Jost birthdoy)	Months Doys Hours Min
MOTE DITTE	OOWED D VORCED	5/4/1900	GOT YES.	
10e USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	II B RIHPLACE (County	& State or foreign country)	12 ( TIZEN OF WHAT COUNTRY?
Government worker		Yonkers, I		Haã
13 FATHER S NAME		14. MOTHER'S MAIDEN	NAME	
Stephen Bedmarchak		Anne Juha	35	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give wor or dates of service)	16. SOCIAL SECURITY NO 17 I	NFORMANT	Address	2
(1es, no, or unknown) the yes give wor or dates or service	578-52-3902	<u>Institution</u>	al moores	
1B. CAUSE OF DEATH (Enter only one cause per		2,111	<u> </u>	NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Carebral thre	m hosis		ONSET AND DEATH
DUE TO				
Conditions, fony, which gove ) (b)	Arterios uterot	26 Pardi	Ondewlar a	disease unieT
rise to immediate couse (a),	1 11 100 0100			
stoting the underlying cause (c)				
PART II OTHER SIGN FICANT CONDITIONS CONTR.	THE TO BEATH BUT NOT DE ATED TO	INE TERMINAL DISEASE COS	OITION G VEN IN PART 1(a)	19 WAS AUTOPSY
FAKE II OTHER SIGN FICANT CONDITIONS CONNE	CT NO TO DEATH BUT NOT ALLERTED TO	THE TERRITORY DISEASE CO.	tomon o ren in raar ijoj	19 WAS AUTOPSY PERFORMEO?
200 ACCIDENT WAS UNDERLYING   OR CONTRIBUTING CAUSE OF DEATH  OF ETHER MOTIES MEDICAL EXAMINES	DOL DESCRIPE HOW MIN HOW OCC TRRED	(F-4 t t	Don't Law David II of James 10.3	YES NO X
200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in	rad I or rott II as Item 16.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)			1007	W
20c. TIME OF INJURY Month, Doy, Year Hour a.m.		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)
pm. "	of work - of work -		45	
21. I certify that (I) (this hospital)	attended the deceased fram_	marchi 201	19 t. / , to MAY	[6 196] that (1) (we) las
saw the deceased alive on	at 16 1962, and tha	t death accurred at	6.3PM, from causés a	
22g STONATURE		ATTENDING	MED STAFF	22b DATE SIGNED
Christen of print	m, M	D PHYS.	OIRECTOR L PHYS. L	
22c PHYSICIAN'S NAME (Type) 11.//cam=	- Simpson MI	22d ADORESS	Att-com A	2.
230 BUR AL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Tow	rn) (County) (Stote)
REMOVAL (Specify)	C. to 0, 11. 1	1.72 ·	Was Lett in	and the same of th
24 FUNERAL OIRECTOR	ADDRESS		D BY REG STRAR 256 REG	SISTRAR'S_SIGNATURE
		- DMAY	1 9 1967 800	ioneas yeaded

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye-Carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66 V . (3)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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06820 I PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY INTGOMERY b City OR TOWN (If a itside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town) hucekour: 11 ENSINGTON d NAME OF HOSPIPAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCI ON A FARM? NAME OF 4 DATE DECEASED (Type or print) 5 SEX NEVER MARRIED F UNDER 24 HRS Months **OIVORCEO** 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even fretired) 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME 16 SOC A. SECUR TY NO 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (ALSE (a) Conditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO: 200 ACC DENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part L or Part L of item 18.) OR CONTRIBUTING CICAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20t TIME OF NURY Month, Doy Year (City or town) (County) Hour om. foctory, street office bldg etc.) Not While of work at work attended the deceased fram , 19,50, ta week, 57, 19,67 that (1) (We) last 19,61, and that death accurred at 17,24M, fram causes and an the date stated above 21. I certify that (1) (this-hospital) attended the deceased fram saw the deceased alive on \_\_\_\_\_\_ ~~ 220. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d ADDRESS 22c PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) 230 BURIAL CREMATION 24 FUNERAL OIRECTOR

24 hours after death filled a by the n papers Poge ithin 72 hours The low requires that the death certificate be executed within ove physician a signed by the attending phys burial-trans t permit. Then p buriol, cremation, or remaval. far use os the t Health prior to b TO FUNERAL DIRECTOR: After this certificate has been letached f Dept. of l director, page 3 should be filed VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISIÓN OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06821 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH O STATE ENGTH OF STAY N B to as decomments to write RURA in a research d NAME OF HOS ITAL OR NOTE I ON It and in hospital, give street address) 3 NAME OF DATE DECEASED DEATH forwarded to the Chief Medical Examiners Office along NEVER MARRIED 7 MARR FD J t byth coy WIDOWED 12 DIVORCED 105 KIND OF BUSINESS OR , TT JEN DE WHAT 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER NUS ARMED FORCES? (Yes -- or unknows) (If yes a ve wor or dotes of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c), PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gove rise to immediate cause (a) DUE TO stoting the underlying couse PART I GTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINA. "A 19 WAS AUTOPS removol, IL FXTERNA "AL ! WAS 206 DESCRIBE HOW NURY OCCURRED (Enternature of the Port for Port , at the ... should PRIMARY Fill or CONTRIBUTING EI CAUSE OF DEATH 20e FLACE OF IN URY Home to T.C. Hy "I formy TIME of NouRY Month, Doy, Year 20a NURY COURRED foctory street, office bldg., etc.) Not While 21 | Certify that I took sharge of the remains described above held an Autopsy XI Inspertion X Natural causes 🖺 La Accident Hamir de Indétermined manner be retained CHIEF MEDICAL EXAMINER **SIGNATURE** moy be re FUNERAL I Fort Tircoin Gem. Colmar 211 1 70 24 FUNERAL DIRECTOR VR ATSME (S) 6M 1/67 3200 Tic



## MARYLAND STATE DEPARTMENT OF HEALTH

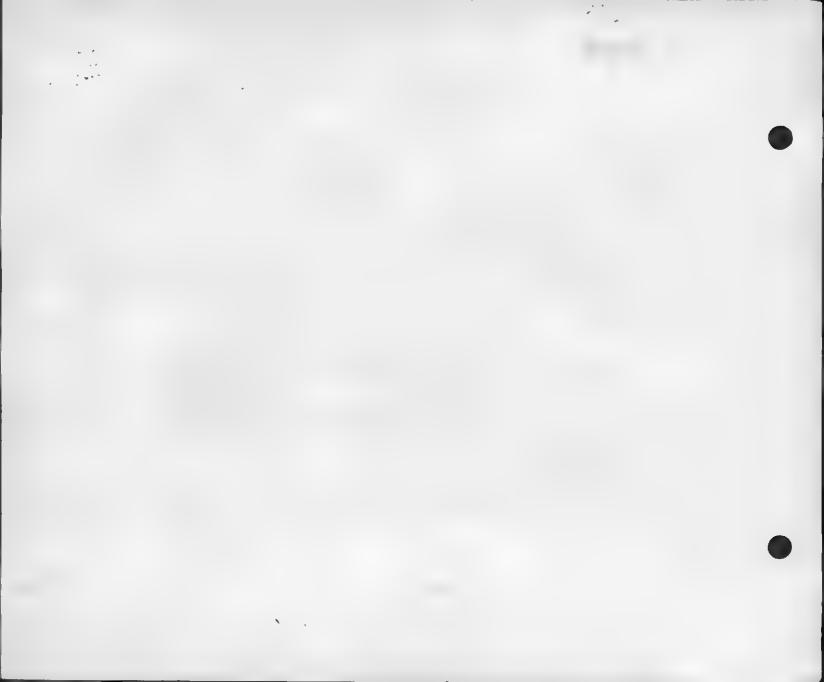
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06822 CERTIFICATE OF DEATH 06809

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	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission)
	O COUNTY TO THE STATE OF THE MARYLAND	o STATE -7/2/2/ b COUNTY .7
$\vdash$	b CITY OR TOWN (If guts de corporate limits, LENGTH OF STAY IN . b	c CITY OR TOWN 4f autiside-corporate garts write RURAL and give nearest fown)
	write RURAL and dive negrest town)	
L	732 4 3.7 2 1 23 (1. Zegs	Titte s da
	d NAME OF HOSP TAL OR INSTITUTION ( f pot n hospital give street address)	d STREET ADDRESS  B IS RESIDENCE ON A FARM?
	2 We built	10-8-5/1-1-1-12 ret 3:11 YES 10 NO X
1	NAME OF FYST Middle	Lost DATE Month Doy Year
	(Type or print)	DEATH 19 AGE (In verys & FUNDER LYEAR LIFTUNDER 24 PKS
- 13	7	8 DATE OF BRTH 9 AGE (In years FUNDER LYEAR IF UNDER 24 HRS Months Doys Hours Man
4	7 TLC WIDDWED D VORCED	3/2//06 6D YIS
	Do USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHP. ACE (County & State or foreign country) 12 CIT ZEN OF WHAT COUNTRY?
	uring most of working life even if retired) NDUSTRY	1200 16:15h 12 toNIR 1, J.H.
	3 FATHER'S MAME 1 7 La 76 La 118	14 MATHER'S MAIDEN NAME
	14-15-175 Val 75-18	1 many ( pinoholl
-	S WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND 7	NFORMANT /
	Yes, no ar unknown) (fiyes give your or dates of service)	
	-7.6 1-220 577-07-8191.	3.61/de 1214 (1 K 16 2 C / 1/3 - 1264
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	ONSET AND DEATH
	4 - 2 C DUE TO	
н	(Conditions, if ony, which gove ) (b)	m
	rise to immediate couse (o), (	
	storing the underlying couse	1 1 - 1 -
		THE TERM NATIONS CONDITION GIVEN IN PART (6) 19 WALALTOPSY
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
1	3 -1 - 28 - 1771 10	\(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac
	206 DESCRIBE HOW NJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of tem 18.)
- 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
- 1	20c T ME OF N. RY Month Doy Year 20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home form 20f (City or town) , (12 ty (State)
		ary, street, office bldg , etc )
	21 1 certify that (1) (this naspita ) attended the deceased fram	17 3 19 22 to 1 22 19 19 that (I) (we) last
	court he dehated alive on 2 3 10 2 and the	t death accurred at M from causes and an the date stated above
	220 S GNATURE	22b DATE SIGNED
	4	ATTENDING MED STAFF
	- The A buy man MI	
	22c Physicians NAME (Type) Tolans (111/ 700)	22d ADDRESS The of It aug Bath m)
	- SOUTH WY MITH	TOOLLIENTOND THE DELL'ING -
	30 BURIAL CREMATION 236 DATE THEREOF 230 AAME OF CEMETERY OR	CREMATORY. 23d .OCATION (Cty or Town) (County) (State),
	BUDIAS MAY12, 1967 CONAR HI	11 Cem - SuiThAnd, Mid-
1	24 FUNERAL DIRECTOR , ADDRESS	25D REC D BY REGISTRAR 25D REGISTRAR S. SIGNATURE
	Toseph TAUDONS SANS, INO, WASH	DC - DAHAY 1 7 1967 7 1967 1000
11	, rear - , re regarded pt. 3 - re 0 ft.3 ( de 11 0 0 177 0 11) 6	- N/H / N/H // W

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. There peaks remaye corbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremotian, or removal land any event, within 72 nours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

within 24 haurs after death



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06823 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH o COUNTY MARYLAND C LENGTH OF STAY IN 16 c CTY OR TOWN (if outside corporate limits, write RURAL and give nearest town) TOWN (If outside corporate mits. d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) DATE 3 NAME OF DECEASED 0F DEATH (Type or print) 8 DATE OF BRITE AGE (In years 6 COLOR OR RACE NEVER MARRIED lost birthdoy) 49 yrs W DOWED 11 B RTHPLACE (County & State or foreign country) 12 CT ZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR during most of working life, even if retired) 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 16 SOCIAL SECURITY NO 17 INFORMAN Item 2. (Yes no, or unknown) (f yes give wor or dotes of service 78-12-1010 Yes 18 CAUSE OF DEATH (Enter only one couse per ne for (a) (b) and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN Myocardial infarction, recent and old IMMED ATE CAUSE (o) Coronary arteriosclerosis with occlusion Conditions if any, which gave ) rise to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES X NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Port I or Port I of mem 18) 200 ACC DENT WAS UNDERLYING [ OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER NOT BY MED CAL EXAMINER) 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form ((ity or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year Haur o.m. Not While foctory, street, off ce b dq , etc ) ot work ot wark 21. I certify that (1) (this haspital) attended the deceased fram 24 affect 1967 to clate -1947, and that death accurred at  $\frac{1}{2}$  /MM, from causes and an the date stated above saw the geceased glive an 22b DAJE 5 GNED 220 SIGNATURE MED. DIRECTOR 5/15/67 7936 Old Georgetown Rd 11.05.450 22c PHYSICIAN'S NAME(Type) JOHN G. BALL Bethesda, Maryland 23b. DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY (Stote) Rockville. Maryland 5-17-67 Parklawn Cemetery 24 FUNERAL DIRECTOR PUMPHREY. Bethesda, Maryland

DATE

ond campletely requires that the deoth certificate be executed or remova for use as the leadth prior to be TO FUNERAL DIRECTOR: After this VR A15 (4) 20 M 1/66 7 44

224

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06824 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b CITY OR TOWN (If outside corporate I mits, CLENGTH OF STAY N TO write RURAL and give nearest town) d NAME OF HOSP TAL OR INSTITUTION (If not in bospital, give street address). d STREET ADDRESS 3 NAME OF DECEASED OF DEATH (Type or pnnt) 9 AGE IF UNDER 1 YEAR last bra IDo USUAL OCCUPATION (Give kind of KIND OF BUSINESS OR 12 CT ZEN OF WHAT Payroll-Clerk-Ret - U.S. Govt red 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Sarah R. Delanev Husband S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Addre Same as Itam. 2. (Yes 10 or unknown) (If wes give wor or dates of service) Ernest C. Brawn 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse WAS A TOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED® YES TO NO 20c ACCIDENT WAS LINDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of incry in Port or Port 1 of item 18. OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dr T ME OF INJURY Month, Day, Year 2De PLACE OF INJURY Home form 20f (C ty or town 2Dd INJURY OCCURRED Not Whe foctory street at the bldg letch 21 I certify that (1) (this haspital) attended the deceased from 3 M. Fram causes and on the date stated above and that death accurred at 2 saw the deceased alive an 220 SIGNATURE M D PHYS 22c PHYSICIÁN'S 22d NAME (Type) 23b DATE THEREOF 230 BUR A. CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Burial (Specify) 5-10-67 Riverview Cemetery Richmond 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland ROBERT A.

The law requires that the death certificate be executed within 24 haurs after death burial transit TO FUNERAL DIRECTOR: After this O HOSPITAL OR ATTENDING directar, page 3 should be filed v VR A15 (4) 25M 1/67

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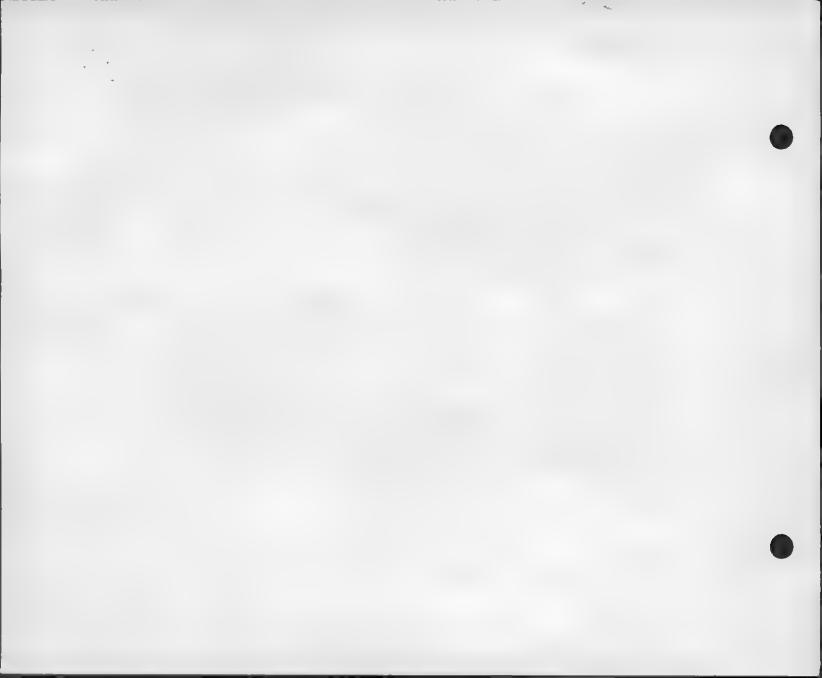
corperate, filled in by the funeral age corban papers. Pages 1 and 2 yevent, within 72 hours ofter death

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00019

	00000	CERTIFICATE	OF DEATH	U	0016
F	1 PLACE OF DEATH		2 USUAL RESIDENCE (When	deceased yed, if institution Residence	e before admission)
	o COUNTY		o STATE	b COUNTN	
ŀ	b CITY OR TOWN (Moutside comprote himits,	MARYLAND  6. LENGTH OF STAY IN 16	Maryland	Mentgam	ery
	write RURAL and give negrest fown)		C C. IT UR IUWN [IT OUTSIDE C	orporate mits write RJRAL and ve	nearest/town)
	Takoma Park	23 days	- Sluer Sp	r.na	
	d NAME OF HOSPITAL OR INSTITUTION ( f not n	pospital give street address)	d STRFET ADDRESS	0	e S RESIDENCE ON A FARM?
	Washington San	tarium + Hospital	10517 100	ain Avenue	YES NO M
ŀ	3 NAME OF Frs1	Midd e	Last 4 C	DATE Month	Day Year
	(Type or print)	0		DE S	28 1967
-		MARRIED NEVER MARRIED 8	DATE OF BIRTH	9 AGE (In years   F UNDER 1	
		므 므 -	10 31 77	last pirthday) Months	Doy, Hour Man
-	Temester Conster	/IDOWED DIVORCED	12-01-10	43 Y15	
1	100 USUAL OCCUPATION (Give kind at work done during grast of working file; even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 B RTHPLACE (County & State		JNTRY?
1	Heuse wite	Cun home	We shing!	ton D.C.	USA
	13 FATHER S NAME		14 MOTHER'S MAIDEN NAME		
- [	william Kasunk		Unknown		
1	S WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17 B	TODALSMIT	Addzess	Md.
-	(Yes, no, or unknown) [If yes give wor or dates of ser	vice) (334 111 at a contract	ana M. Callaha	on 1811 20 rain	Ave. 15. 5.1
-	No IVI 1e	1277	econdo- Win	shington Jan ler	Am allow to
	18. CAUSE OF DEATH (Enter only one couse por PART I DEATH WAS CAUSED BY	r line for (o), (b), and (c).)			INTERVAL BETWEEN , ONSET AND DEATH
	IMMEDIATE CAUSE (o) _	GENERA CIZED	MICH ILS GERLIS	13 19 0 19 19	d # 12 3
	TTT X DUE TO	<i>'</i>		1111	. * 1
-	Conditions, if ony, which gave (b)	OLD AGE.			
	rse to immediate couse (a), DUE TO	,			
1	last. (c)				
-1	PART 1 OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERM NAL DISEASE CONDITION	A G VEN IN PART (0)	VZ9CTUA 2AW 91
	200 ACCIDENT WAS UNDERLYING   200 ACCIDENT WAS UNDERLYING   OR CONTRIBUTION CAUSE OF DEATH  (If ETHER INDICE NOTICE MEDICAL BY ANNIED)				PERFORMED? YES NO 7
	₹ 200 ACCIDENT WAS UNDERLYING □	20b DESCRIBE HOW NJJRY OCCURRED (	Foler notice of inner in Port (	or Port II of dam 18 t	10 10 10
	OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW ASON OCCORNED (	tiller ildicie or ilipity in roll [	at fort if or tient to !	
-1	I (III CITTICA, NOTIFE MEDICAL EXAMINEX)				
-1	20c T ME OF INJURY Month, Day, Yeor Hour o.m.		E OF INJURY (Hame form	20f (City or town (sur	utyj (Stota,
1	p.m. 19	of work of work			
- [	21 1 certify that (I) (this hospita	) attenged the deceased fram	Bank , 1947	7 to 12 y 25 . 19 .	that (I) (we) last
1	saw the deceased alive an	<u>19 € 7</u> , and that	death accurred at	M, fram causes and an th	e date stated abave
ı	22a SIGNATURE	to for !			TESIGNED
H	Token Collo In Or	rshare MD	ATTENDING MED DIRECT	TOR PHYS D	7
	22c. PHYSICIAN'S	1	22d ADDRESS		
	NAME (Type) Fru &	9 "AZAN , MO	11190	20 2 4:	1 A.
-	23g BURIA, CREMATION, 23b DATE THEREO	23c NAME OF CEMETERY OR C	PEMATORY 12	3d LOCATION (City of Town)	(County, (State)
	PEMOVAL (Speciful			. ,	cuonity, (mule)
1	De la	967 Fort Lincoln	Cemetery !	rince Georges Co.	Md.
	24 FUNERAL DIRECTOR Town of the	8434 Georgia A	Jenue 250' RECD BY R		SMATCRE
	Nather E. Dimphrey, Tr		Mar DATE U	iS 37	a. a. Lett.

TO MOSPITAL OR ATTEMBRIE MINIMUM. The law requires that the death certificate be executed within 24 haurs after demth Prige 4 may be retained by the haspital at attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co director, page 3 should be detached for use as the burial-transit permit. Then please remay shauld be fil®d with the State Dept. of Health prior ta burial, crematian, or removol, and in any VR A15 (4) 25M 1/67



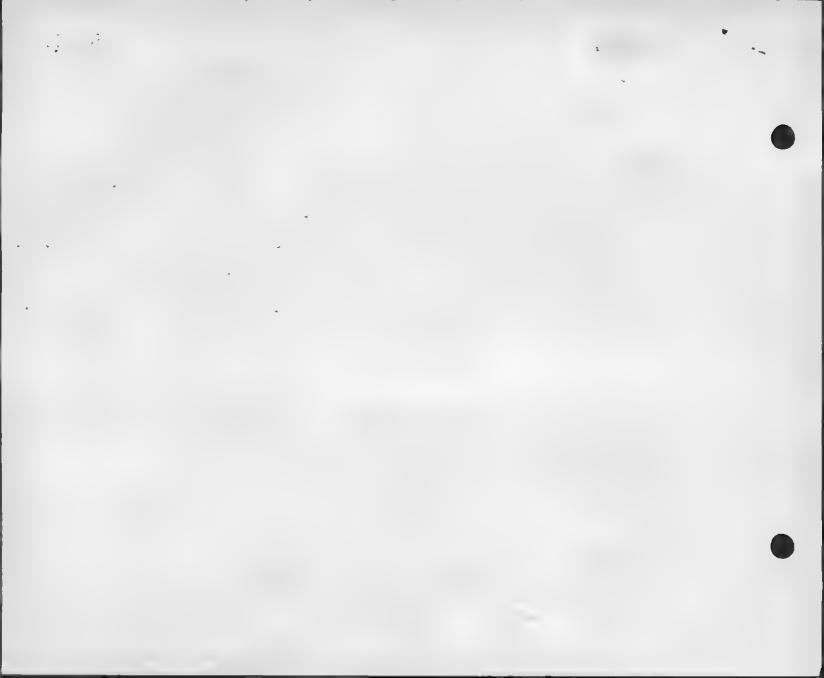
06826

CEDTICICATE OF DEATH

00000		CERTIFIC	CAIL OF DEA	1111		116813
PLACE OF DEATH				IDENCE (Where deceased		Residence before admission)
o. COUNTY	Montgomery	7 MARYLA	and o STATE	Maryland	P COUNTA F	Montgomery
b CITY OR TOWN	(If outs de corporate I mits,	C LENGTH OF STAY N	11.0	WN (If outside corporate li		
Write RURAL or Kensin	d give nearest town)	7 years	Ken	sington		
d NAME OF HOSP	TAL OR INSTITUT ON (If not	in hospital, give street address)	d STREET ADD			e IS RESIDENCE
	Carriage F		9618	Carriage	Road	ON A FARM' YES NO X
NAME OF DECEASED	Firs		Last	4 DATE	Month	Doy Year
(Type or print)	VIVIAN		BROWN	DEATH	May 19	
S SEX	6 COLOR OR RACE	7 MARRIED NEVER MARRIED	8 DATE OF BIRT			INDER TYEAR FUNDER 24 HRS
Female	White	WIDOWED DIVORCED	□   Oct.17	,1923 9	5 yrs	
100 USWA, OCCUPAT O during most of working	N (Give kind of work done	10b KIND OF BUSINESS OR INDUSTRY		E (County & State, or lareign	n country)	2 CIT ZEN OF WHAT COUNTRY?
House	wife		Penna			U. S.
13 FATHER'S NAME	2 0			MAIDEN NAME	011011	
	el Stroste			dys M. Sk		
	ER NUS ARMED FORCES? [(If yes give wor or dotes of	16 SOCIAL SECURITY NO	17 INFORMANT	Husban		1.
No			Howard C	. Brown	Same	as Item 2.
		e per line for (o) (b), and (x))				INTERVAL BETWEEN ONSET AND DEATH
PARTIDEA	IMMEDIATE CAUSE (	0)				ONSET AND DEATH
12 11	000.1	1 1	5-	1		
Conditions, if one	te couse (a)	b) Carcinoma	OTA	tum		
stoting the undi		0				
last	) (	c)				
PART I OTHER S	IGN F CANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN	N PART (o)	19 WAS A JTOPSY PERFORMED?
						YES NO
	AS UNDERLYING TO GET CAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCU	URRED (Enter nature of	njury in Part I or Port II	of item 18)	
20c T.MF OF IN	LRY Month, Doy, Year	20d NJURY OCCURRED 2	Oe. PLACE OF NJURY (HI	ome, form 1 20f (C	ity or tawn)	(ounty) (State)
물 Hour o.	m.	While Not While	factory, street, office			
	111,	atal) attended the deceased from	am d	19 <u></u> to _	. 15	, 19 <i>6</i> / that (1) (we) la
	leceased alive on 🗾					an the date stated above
22a 5 GNATURE		/ / /			2	22b DAJE SIGNED
1000	1		M D PHYS	MED. D RECTOR	STAFF D	*
22c PHYS CIAN			22d ADDS	SESS.		f
NAME (Type	ROBERT	SCANLON		19 pt	17	eer v
230 BURIAL CREMATI	ON 23b DATE THER			23g LOCAT	ION (C by or Tawn)	(Caunty) (State)
Buriai	5-22-	67 Parklaw	vn Cemeter	ry Kock	kville,	Maryland
24 FUNERAL DIRECTO	OR DIRACTION	DEN PARTIES	Marra Lond	250 REC D BY REGISTRAR		IAR S S GNATURE
ROBER	r A. PUMPH	REY, Bethesda,	- ary rang	MANAY 9 / 10	67 //	· la Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any refer than 17.2 hours Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.



VR A15 (4) 25M 1/67

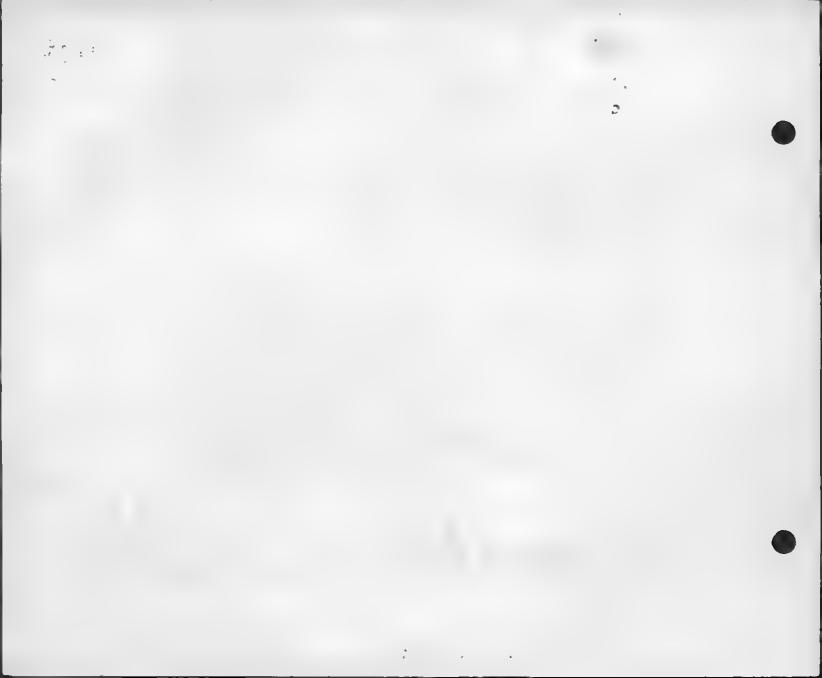
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CERTIFICATE OF DEATH

06814

PLACE OF DEATH											`
a CODMIN					2 USUAL RESIDENCE	(Where dec		institution 6 COUNTY		pefare admiss	tūti)
o CONNTA	,		MAR	CYLAND	o STATE			O CUUNII	,	7	
h CITY OF TOWN	( floutside corporate limits		C LENGTH OF STAY		C CTY OR TOWN (IF	aa	orote mits w	rito P. PA	ond cive of	Inwest town	
_ write RURAL o	nd give neorest town)	*	07 3		c c · · oc · omi (ii	00.3100 (01)	01010 IIII3, W	IIIC KUKAI	t ond give in	201037 1017;	
	4		27		711.7	141.					
d NAME OF HOSP	ITAL OR INSTITUTION (If no	ot in haspital, giv	e street oddress)		d STREET ADDRESS					e IS RES	
						7	4			YES T	NO T
۷.	J.					:ula_L					-
NAME OF	Fii	r\$†	Middle		Lost	4 DAT	E	Month		Doy Ye	10e
(Type or print)	The art out	7		Ti.	4 7 4	DEA	FK .		1	19	
SEX	6 COLOR OR RACE	7 MARR ED 🛱	NEVER MARR E	ED B	DATE OF B RTH		9 AGE (ny	eors	IF JNDER TYE	AR FUNDE	R 24 H
		_					Lost buth	doy)	Months Do	oys Hours	Mil
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ur ng most of workin	glife even fretred)		JSTRY		- 7				(0.N1		
3. FATHER'S NAME	. A. C.	Pa = 5	(-	- I	14. MOTHER'S MAIDER	U MARKE			4444	100	
a. FAIREKS NAME					14. MUTHER 3 MAIDER	HAMINE					
Frank	Taggagate To	3+164	1. Tant		Jane A.	Hersh	77				
S WAS DECEASED EN	VER IN U.S. ARMED FORCES?	16 50	CIAL SECURITY NO	17 JN	IFORMANT		W.	Address			
	(If yes give wor or dotes o			ini	u . ·	4				+	
No	None	ye.			<u> </u>	XXXXXX	Silve	200	21.000	ugrula	+2.,
						1 .					
IB. CAUSE OF	DEATH (Enter only one cou	ise per line for (o			part . A					M. EKAN, BE	TWEEN
B. CAUSE OF PART 1 DE	ATH WAS CAUSED BY	<b>D.</b> .		MAR	4 EM	001	45			CALL AND	LINEEN
18. CAUSE OF I	ATH WAS CAUSED BY MMEDIATE CAUSE	O Pu	IMO	NAR		001	us			5/13	LINE N
PART 1 DE	ATH WAS CAUSED BY MMEDIATE CAUSE DUE	O Pu	IMO	•		001	Day		Ac I	5713 4-24	-6
PART 1 DE	ATH WAS CAUSED BY  MMEDIATE CAUSE  DUE  19, which gove	(b) Pu	IMO	•	4 EMI	d	PAN	CMR!	45	5713	76
Conditions of on	ATH WAS CAUSED BY MMEDIATE CAUSE DUE  Ity, which gove and couse (o), (c)	(b) Pu (b) CA	RCIN	om	A HEA					5713 4-24	-6
PART 1 DE	ATH WAS CAUSED BY MMEDIATE CAUSE DUE  Ity, which gove and couse (o), (c)	(b) Pu (b) CA	RCIN	om	A HEA					5/13 4-24 4-24	-6
Conditions if on tise to immedia stoting the unclust	ATH WAS CAUSED BY MMEDIATE CAUSE  DUE  ty, which gove bite couse (o), lerlying couse  DUE	(c) Pu (b) CA (c) JA	RCin rund	om	A HEA	st	MUC	U		5713 4-24 +-24	TWENT TO THE TOTAL
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Conditions if on tise to immediate the unclusted part of the part	ATH WAS CAUSED BY MMEDIATE CAUSE  DUE  19, which gove blee couse (o), leerlying couse  SIGNIFICANT CONDITIONS CO  AS JNDERLYING	(a) Pu TO CA (b) CA TO TA ONTRIBUTING TO	RCIN Fund DEATH BUT NOT RE	ELATED TO TH	A HEA	ONDITION C	MUC IVEN N PART	(o)			WED?
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Conditions if on the insection insection in the unclusted storing storin	ATH WAS CAUSED BY MMEDIATE CAUSE  DUE  LIV, which gove bote couse (o), lerlying couse  SIGNIFICANT CONDITIONS CO  AS INDER, YING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  DIM. 19  LIFTY MORTH, Doy, Year or m. 19  LIFTY MORTH, DOY, M. 19  LIFTY MORTH, DOY, M. 19  LIFTY MORTH, M. 19  LIFTY MORTH, M. 1	(b) CA (b) CA (c) JA ONTRIBUTING TO  206 DESC  206 INJU While of work putal) attende	DEATH BUT NOT RE  RIBE HOW INJURY (  JRY OCCURRED  Not While of work  d the deceased  19 4.2.	ELATED TO THE COCCURRED (I footbold fram A and that	e of INJURY (home, forty, street, office bldg, et death accurred of the physics) and the physics and the physi	ONDITION CONTROL OF THE POPULATION CONTROL O	VEN N PART  Port II of tem  (C'y or to  STAF PHYS  LOCATION (Crt	(o)  1B)  Owr	19 6 and the 226 DATE 5	that (I) date state s SNED	NO (Titote
Conditions if on tise to immediate the unclusted part of the unclu	ATH WAS CAUSED BY MMEDIATE CAUSE  DUE  LIV, which gove bote couse (o), lerlying couse  SIGNIFICANT CONDITIONS CO  AS INDER, YING  G CAUSE OF DEATH Y MEDICAL EXAMINER)  DIM. 19  LIFTY MORTH, Doy, Year or m. 19  LIFTY MORTH, DOY, M. 19  LIFTY MORTH, DOY, M. 19  LIFTY MORTH, M. 19  LIFTY MORTH, M. 1	(b) CA (b) CA (c) JA ONTRIBUTING TO  206 DESC  206 INJU While of work putal) attende	DEATH BUT NOT RE  RIBE HOW INJURY (  DEATH BUT NOT RE  RIBE HOW INJURY (  DIRY OCCURRED  Not While of work of the deceased  19 1	ELATED TO THE COCCURRED (I footbold fram A and that	e of INJURY (home, forty, street, office bldg, et death accurred of the physics) and the physics and the physi	ONDITION CONTROL OF THE POPULATION CONTROL O	VEN N PART  Port II of tem  (C'y or to  STAF PHYS  LOCATION (Crt	(o)  1B)  owr  y or Towr	196 an the 225 DATE	that (I) date state s SNED	(State)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH n6815 PLACE OF DEATH USUAL RESIDENCE W THIRDE STAY IN .. TREFT d NAME OF . State Chief Medical Examiner's Office plang with NAME OF M.ddle DECEASED COUNTRY? 14 MOTHER'S MA DEN NAME WA CASEL V. R IN U.S. ARMED FORCES? In LOUA SECURITY NO 7 INFORMANT grunkhown, if ye give woor dotes it service 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) )
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN Myocardial infarction IMMEDIATE CAUSE (a) ward DUE TO Coronary occlusion Conditions, if ony, which gove rise to immediate cause (a). DUE TO Coronary arteriosclerosis sloting the underlying couse PART OTHER NIN ANT CONCURONS CONTRIBUTION OF DEATH BUT NOT RELATED TO THE TERMINAL CONCURON CONTRIBUTION OF PART YES X NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) PRIMARY CONTRIBUTING CAUSE OF DEATH LL INJUR STUJEREL LUS LACT - NURT , FL & L While - Not While of work of work certify the inches to the second Thed spers me a Action & Nat her lause X at oth to lite the ar Acrident ACTUAL SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME T SOI North Convay Cemetery orth Convay, R + Wet ler's



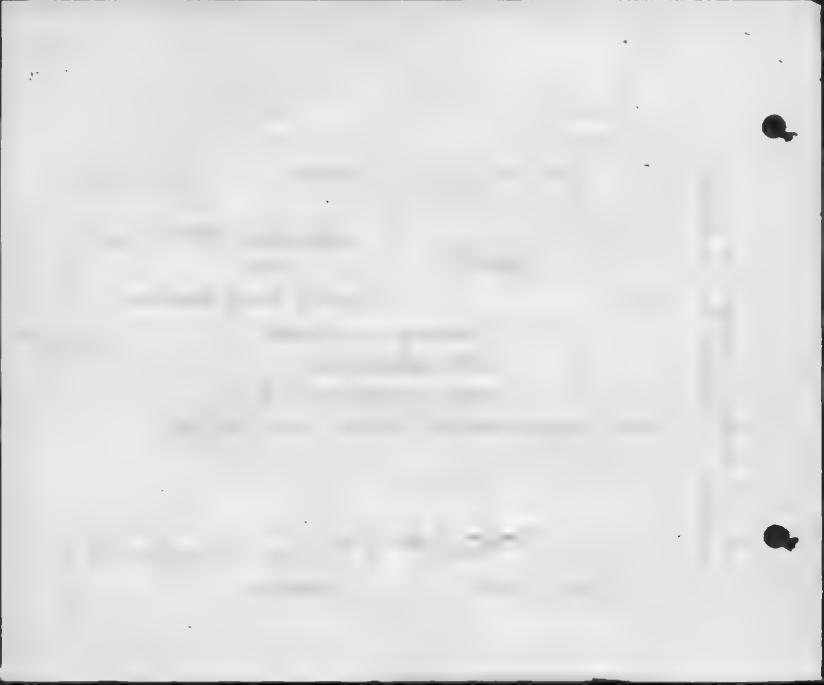
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06816 FOR STATE PLACE OF DEATH USUAL RESIDENCE . Who , onre Jeg ve o COUNTY b COUNTYM Montgomery

FITY OR TOWN (it autside carpatate aut ,
write RURAL and give nearest town) Pag LENCTH OF STAY IN B. TY OR "DWN "If at de corparate m! wi R.Rr - A. Deep River d NAME OF A SEAL OR MYST UP, ON THE part of hospital give street address. d STREET ADDRESS along with form ON A FARM 40 Spring Street State No Holy Cross Hospita DATE NAME OF Middle. DECEASED Elmer Burr DEATH May (Type or print) c SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 A Fire 7 MARRIEL TO NEVER MARRIED last birthday) Months Nov. WIDOWED Examiner's Office A 1997A, COMPATION, Sive kind of work done 11 B RTHPLACE State in foreign on http: 12 OT FEN OF WHAT 10b K NO OF BUSINESS OR a most it work in the even if retired) INDUSTRY Norwalk, Conn. Electrical Group leader 14 MUTHER : MA DEN NAME Martha Canfield Edwin Harrison Burr " WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Add.s to the Chief Med cal (Yes no or unknown) all yes give war ar dates of service) Jame as #2 within Christine Burr 047-09-066 PART | DEATH WAS CAUSED BY NORVA " AN. DEATH event IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause last PART IN OTHER S SNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA DISPASE CONDITION GIVEN NIPART removal, PERFORMED? NO 2Do EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 11 of item 18.) PR MARY [] or CONTRIBUTING [] shot id CAUSE OF DEATH ", ME . INSURY Month Day Year 2De PLACE OF NURY - mr 100 T op-While Nat While factory, street, office bldg , etc.) of work at wark 21 I certify that Ligak charge of the remains described errove) held on Autopsy ! Impection M deoth resulted from Natural couses Undefermined monner Su cide Homic de FUNERAL DIR ACTUAL ASSISTANT MEL ALEXAM NER SIGNATURE je. NAME OF FMETER OR PEMA DRY 50 Fountain Hill Cemetery Deep River Connecticut MAC D BY REGISTRAR VR A "ME IS" Georgia Hue. 5M



26830 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution. Residence before odmission) · COUNTY **b** COUNTY MARYLAND b CTY OR TOWN (If outside corporate lights, write c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give necess town) RURAL and a verticarest lawn) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION ON A FARM? YES NO TO NAME OF Middle 4. DATE DECEASED (Type or print) DEATH annebell 9 AGE (In years IF UNDER I YEAR IF UNDER 74 HRS MARRIED NEVER MARRIED WIDOWED I DIVORCED [ 6 YES 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) HOME 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Charles E. Entemman mma IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 9-40-0030 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost WAS ALTOPSY PERFORMED? YES NOTE 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of in any in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (State) (County) foctory, street, office bldg., etc.) Hour o.m. Not while While at work of work .. 19.6.3 that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at \_M, fram the causes and an the date stated above. Had seen ADDRESS (Street, city or town, slate) SIGNATURE O Weill allen J NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) page REMOVAL (Specify) 5-30-67 Darnestown Cemeterv Darnestown. Maryland 23 FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE ROBERT A. PUMPHREY, Bethesda, Maryland VS A15 (4) DATEUN 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

	96831 CERT	IFICATE	OF DEATH		06818					
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased		nce betare admission)					
C	Montgomery MA	RYLAND	o STATE Kentucky	b COUNTY	1					
ŀ	CIY OR TOWN IIf outside corporate Lm ts c . ENGTH OF STA'		c CITY OR TOWN (If autside carporate	m ts, write RJRAL and gi	ve nearest tawn)					
	write RURAL and give nearest fown)		Varnori							
_	Bethesda(rural) 67 Day  NAME OF HOSPITA, OR NST TIGHTON (f not in hospital, give street oddress)	S	d STREET ADDRESS		e IS RESIDENCE					
	Naval Hospital		PO Box 136		ON A FARM? YES NO [					
	NAME OF Frst Middle		Lost 4 DATE	Manth	Doy Year					
[	DECEASED Type or print) Charles NMN		Canada DEATH	May	9 19 67					
5 5	The state of the s	IED 🔽	B. DATE OF BIRTH 9	AGE (In years IF JNDER	RIVEAR IF JNDER 24 H					
	WIDOWED TO DIVORD		Aug. 22. 1932	lost birthdoy) Months	Days Hours Mi					
	VISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR		11 BIRTHPLACE (County & State or fore	an country) 12 (	IT ZEN OF WHAT					
duri	ng most of working life, even if retired) INDUSTRY		Hatfield, Ky.	(	WSA?					
	FATHER S NAME		14. MOTHER'S MAIDEN NAME		O LOAT					
10			Sulia Cai	ns						
15	Victor Canada  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	17								
(Ye	sina arunknawn) (fixesigive war or dates at service)			O Box 136 Ge	eneral Del.					
Y	es Active AL 4 234 48 236	9	Mr. Victor Canada	Varney, Ky.	INTERVAL BETWEEN					
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c)) PART I DEATH WAS (AUSED BY				ONSET AND DEATH					
	MMED ATE CAUSE (0) LE LOMYO SARCO	MA WIL	TH WIDE SPREAD MET	ASTASIS	-					
	/ * / / DUE TO									
	Conditions, if any, which gave (b) (b) (b)									
	stating the underlying cause ( DUE TO									
	lost. (c)									
MOIT	PART I OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART I(0)  19 WAS AUTOPSY PERFORMED?  YES NO									
YES NO ACCIDENT WAS UNDERLYING \( \text{200 ACCIDENT WAS UNDERLYING } \)  200 ACCIDENT WAS UNDERLYING \( \text{200 DESCRIBE HOW INJURY OCCURRED (Enter noture of noury in Port I or Port II of Item 18 )} \)  OR CONTRIBUTING \( \text{CAUSE OF DEATH } \)  (If EXTREME MOTIVE DESCRIBE HOW INJURY OCCURRED (Enter noture of noury in Port I or Port II of Item 18 )}										
	(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Yeor 20d M.JRY OCCURRED	T 20e PL/	CE OF NJURY (Hame, farm 201	(City or tawn) (C	ounty) (Stote					
MEDICAL	Hour a.m. While Not While		tory, street, office bldg., etc )							
	p.m. (1) otwark L at work L		Man 2 10 67 to	Mear O 10	67 that (1) (wa					
	21 I certify that (I) (this haspital) attended the deceased from Mar. 3 , 19.67, to May 9 , 19.67, that (I) (we) a saw the deceased alive an May 9 , 19.67, and that death accurred a 954A M, from causes and on the date stated above									
	saw the deceased alive an May 9 19 67, and that death accurred a 54A M, fram causes and on the date stated above 220 SIGNATURE 2 DATE SIGNED									
	ZZO SIGNATURE		ATTENDING MED T	STAFF						
	MD PHYS DIRECTOR PHYS W May 9.1967									
	22c. PHYSICIAN S NAME(Type)		Naval Hospita	1 Bothecde	heelmak					
	R.N.ROOD MD									
230	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CE			AT ON (City ar Town)	(County) (State					
	Burial May 13,1967 Home Ce	meter	y Var	ney	Ку.					
	FUNERAL DIRECTOR ADDRESS		25a, REC'D BY REGISTRA	256 REGISTRARS	By Crantal.					
R	ogers Funeral Home Bifry, Ky.		DATE NAT 15	967 Jacon	The same of the same					

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.



RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND 06832 CERTIFICATE executed within 24 haurs after deoth. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) b (OJNTY o. COUNTY b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 (I outside aproporate limits, write RURA, and give nearest town) write RURA, and give nearest town) ve carbon papers. Payevent, within 72 hours and completely filled in remove carbon papers. OR INSTITUTION (If not in haspital, give street address) 3. NAME OF DECEASED (Type or print) DEATH IF UNDER 24 HRS E 'In years S SEX 7 MARRIED NEVER MARRIED Lit. b. 11hdoy) Months WIDOWED Y DIVORCED 12 CUTIZEN OF WHAT 100 USUAL OCCUPAT ON (Give kind of work done TOD KIND OF BUSINESS OR aw requires that the death certificate be COUNTRY? during most of working life, even if retired) 13 FATHER S NAME (fler this certificate has been signed by the attending physibe detached far use os the burial-transit permit. Then pl State Dept. of Health prior to burial, cremotion, or removal, 16. SOCIAL SECURITY NO 247 - 16 - 45 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 8410 (Yes, no, or unknown) (If yes give war at dates of service) acobs MTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO storing the underlying couse Page 4 may be retained by the hospital or attending last 19/WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o m factory, street, office bldg, etc.) Not While of work 19.67, that (I) (we) last 2). I certify that (1) (this hospital) attended the deceased fram. 1967 ta 19 67, and that death occurred at 8 P M, fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an. 22g SJONATURE 22b DATESIGNED STAFF PHYS. ATTENDING DIRECTOR director, page 3 should be filed a PHYS PHYSICIAN S 22d ADDRESS NAME (Type) 23d LOCATION (City or Town) 23o. BURIAL, CREMATION DATE THEREOF Burial (Specify) McCo1 Bennettsvill Canetery May 16, 191 2Sb REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) Everly-Wheatley Funeral HomeAlex., 20 M 1/66

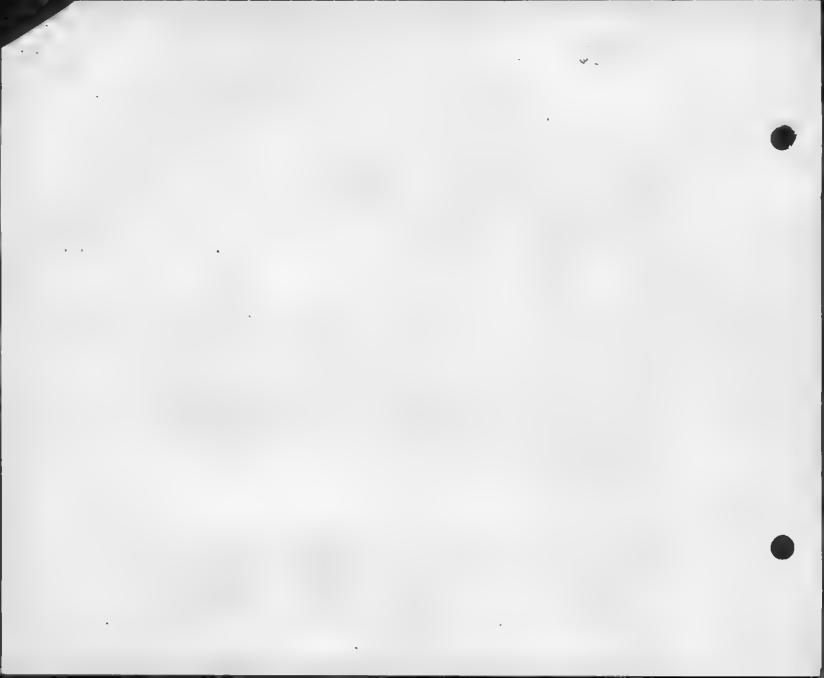
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Resid a. COUNTY MARY, AND MONTGOMERA MAR YI AND b CITY OR TOWN (If outside corporate in ts. c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carporate um ts, write RURAL and a ve nearest town) write RURAL and give nearest town) GA I THER SBURG GAITHERSBURG, MD d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) e IS RESIDENCE ON A FARMpapers. d STREET ADDRESS filled NO Ly ROUTE #3 BOX 207 3 NAME OF 4 DATE Manth Year DECEASED OF (Type or pant) DEATH MAY 19 67 LENORA 9 AGE (In years" I FUNDER I YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE last birthdoy) Months WIDOWED DIVORCED FEMALE 10a JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. STAUTON, VA. NONE HOUSEWIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNKNOWN UNKNOWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dotes of service) MR WILLIAM E. CHAMBERS (SAME AS ABOVE) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).),
PART I DEATH WAS CAUSED BY signed by the burial-transit i ONSEJ AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause been PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUTING RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART detached for use NO 20a ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURAN CORRED (Enter nature of injury in Part I ar Part II of item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20s. PLACE OF INJURY (Hame, form, (City or town) (County) Hour a.m. factory, street, affice bldg., etc.) Not White at wark 🖵 at work 7.2- 19.67 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased framand that death accurred at FiscHM, from lauses and an the date stated above DIRECTOR: saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED M D PHYS director, page should be filed 22d. ADDRESS TO FUNERAL NAME (Type) 23c. NAME OF TEMFJERY OR CREMATORY 23a BUR AL CREMATION 23d LO' AHON ICHY ON Je (State) MY AURBURN CEMETERY 24. FUNERAL DIRECTOR ADDRESS 25a REC D BY REG STRAR ROCKVILLE, MD.

The law requires that the death certificate be executed OR ATTENDING PHYSICIAN: O HOSPITAL



DATE

06834		CERTIF	ICATE OF DEATH		06821		
1. PLACE OF DEATH  o. COUNTY FORTSON	nery		LAND Dist.	of Col. b. COU	NTY		
b CITY OR TOWN (F	outside corporate limits give nearest town) "Lon	3 mos.5	days Washing				
Kensing		ens Sanitarium	5709 C				
DECEASED (Type or pnnt)	Edgar	F.	Chandler	OF May	th Doy Year  7, 1967  THE JANDER YEAR THE JANDER 24 HRS		
Male	White	WIDOWED DIVORCED	3-171887	80 yrs	Months Doys Hours Min		
during most of working li Ret 1 1	fe, even if refired)	INDUSTRY	Virgin	nia	country .A.		
Richard Chandler  15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  Yes 1917-1919 579-60-0840 Russell T. Andrews-See Item							
Cond hons, if ony,	IMMEDIATE CAUSE ( DUE  which gove ) couse (a),	10 Corebre a	Cerebral etreke, gj Co	Hemorrh	onser and Death		
PART II, OTHER 5.G	NIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE (	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO		
	CAUSE OF DEATH	30P DEZCEIBE HOW INJURY OC					
p.m	. 19	20d INJURY OCCURRED While Not While of work at work	foctory, street, office bldg., e	tc)	(County) (State)		
220 S GNATURE	51	intall attended the deceased 1967, a		-	ond an the date stated above.    226 DATE SIGNED   226 DATE SIGNED   226 DATE SIGNED   227 DATE SIGNED   228 DATE SIGNED   237 DATE SIGNED		
22c PHYSICIAN'S NAME (Type)	A AROX	NIMET	M D PHYS LYD	11 Wan C	13-6-6/		
	5-10-		TERY OR CREMATORY	23d LOCATION (City or To	own) (County) (Stote)		
	O. COUNTY COM  D. CITY OF TOWN ( WITTER RURAL OND  K. C. S. IN C. S. S. S. L.  M. C. C. C. C.  SEX  M. C. C.  100 JSUA. OCCUPATION  during most of working le  R. C. S. S.  M. C. C.  13 FATHER S. NAME  R. C. C.  15 WAS DECEASED EVER  (Yes, no, or unknown)  Y. C.  B. CAUSE OF DEA  PART I. OTHER S.G.  Cond tions, if ony, rise to immediate stoting the underl lost  PART II. OTHER S.G.  (IF EITHER, NOTIFY M  20c. I.ME OF INJUI  CONTRIBUTING D.  T. C.  21 I certify Sow the de  220 SGNATJRE  221 PHYSICIAN'S NAME (Type)  230 BURIA. (SEEMATIO) REMOVER (Spec IV) RMOVER (Spec IV)  B. 127 1 27  231	D. COUNTY GOMETY  D. CITY OR TOWN (I outside corporate limits write RURAL and give nearest town)  Kensington  d. NAME OF HOSPITAL OR INSTITUTION (If no Kensington Gard.)  3. NAME OF DECEASED (Type or pnnt)  S. SEX  D. COLOR OR RACE  White  100 JSUA. OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired  13 FATHER S. NAME  Richard Chandle:  15 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wor or dotes of Yed)  B. CAUSE OF DEATH (Enter only one couse PART I DEATH WAS CALSED BY IMMEDIATE CAUSE OF Storing the underlying couse lost of CONTRIBUTING COUSE (O), storing the underlying couse lost  PART II. OTHER S.GNIFICANT CONDITIONS CO.  T. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE (O), storing the underlying couse lost or DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. I.ME OF INJURY Month, Doy, Yeor Hour om pm. 19  21 I certify that (I) (this has saw the deceased alive and 2220 SGNATURE  224 PHYSICIAN'S A ROA  235 BURIA. (REMATION 23D. DATE THE REMOVAL (Spec fy) BIJT127  236 BURIA. (REMATION 23D. DATE THE REMOVAL (Spec fy) BIJT127	1. PLACE OF DEATH O. COUNTY GOMERY  D. CITY OR TOWN (I outside corporate limits, write RURAL and give nearest town)  Kensington  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Kensington Gardens Sanitarium  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Kensington Gardens Sanitarium  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Kensington Gardens Sanitarium  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Kensington Gardens Sanitarium  3. NAME OF HOSPITAL OR INSTITUTION  5. SEX  6. COLOR OR RACE  Mele  Widowed  Widowed  Widowed  Widowed  NDUSTRY  NO OF BUSINESS OR INDUSTRY  100 JSUA. OCCUPATION (Give kind of work done during most of working life, even if refired)  NDUSTRY  Retired  13. FATHER'S NAME  The Analysis of Death (Interior) one couse pp. line for (a) (b) OF BUSINESS OR INDUSTRY  Yes, no, or unknown) (If yes give wor or doles of service)  Yes, no, or unknown) (If yes give wor or doles of service)  Yes, no, or unknown) (If yes give wor or doles of service)  Yes, no, or unknown) (If yes give wor or doles of service)  Yes, no, or unknown) (If yes give wor or doles of service)  Yes, no, or unknown) (If yes give wor or doles of service)  Yes, no, or unknown) (If yes give wor or doles of service)  B CAUSE OF DEATH (Inter only one couse pp. line for (a) (b). On (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE OF DEATH  (IF ETHER, NOTHER S.GNIFICANT CONDIT.ONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS AND	SCOUNT TO TOWN (I DUISIDE COPPORTE LIMITS, WITCH RURAN (I DUISIDE COPPORTE LIMITS)    CHINGTON (I DUISIDE COPPORTE LIMITS)   WASHING   W	PAGE OF DEATH   COUNTY GOME		

VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Revide cellbefire admi o COLNTY a. STATE b (ITY OR TO AN (f., f. de carparate limits, write RURAL and give nearest town) death. Mary land Howard delay C .ENGTH OF STAY IN 1b c CITY OR TOWN (if outside corporate limits, write RURAL and give negrest fown 36 hours Takoma Park Laurel d NAME OF MOSPITAL OR INSTITUTION of not in hospital give street address) d STREET ADDRESS e IS RES DENCE ON A FARM YE. N 0 Was lington Sanitarium and Hospital 809 Bond Mill Road 3 NAME OF 4 DATE DECEASED OF (Type or print) within Childers DEATH Lenora Mae with 6 COLOR OR RACE 9 AGE (In year 7 MARR ED X NEVER MARRIED B. DATE OF BIRTH ost sithdoy WIDOWED DIVORCED and 2 v 8-10-34 Female white
The USUAL OCCUPATION (Give kind of work done  $\sim$ 1 BIRTHPLACE (State or toreign country) 10b KIND OF BUSINESS OR 12 " TIZEN OF WHAT during most of working life, even fretired) INDUSTRY COUNTRY? America West Virginia pages Waitress-housewife Hot Shoppes 14 MOTHER'S MAIDEN NAME pencil be executed within  $\subseteq$ File Juanita Neff Woodrow Wilson WAS DECEASE " EVER N !" ARMED FOR "ES? 16 SOCIAL SECURITY NO 7 INFORMANT or removol, (Yes, no, or unknown) [(If yes give wor or dotes of service Patient's chart IB CAUSE OF DEATH (Enter only one couse per the for (a) (b) and (c)) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH Multiple extreme injuries with MMED ATE CAUSE (0) This certificate should cremation, DUE TO Conditions if any, which gave intern - honogram, a rise to immediate couse (a), DUE TO stating the underlying cause last PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6 19 WE A IS I prior to 200 EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING 1 CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18 i its designated agent, 2Dr T ME OF INJURY Month Dov. Year 20e P. ACF OF INJURY Home form (City or town) MED While Not While & foctory, street affice bldg , etc.) moy be retained for your FUNERAL DIRECTOR: Poge of work 21. I certify that Little charge of the remains described above held an Autopsy V Inspect on Mal and in my apinian the funera, director death resulted from Accident Hamicide Natural causes Undétermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE -O DEPUTY TO FUNERAL Health or i EXAMINER'S NAME (Type) 23g BURIA CREMATION 23d LOCATION ("ity or Town BURIAL (Spec fy) 24 FUNERAL DIRECTOR William M. Hyroung ADDRESS 250 REC D BY REGISTRAR 2Sb REG STRAR'S SIGNATUR VR A15ME (5) HOME - 1300 - N ST, N.W.

-- MARYLAND STATE DEPARTMENT OF HEALTH



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96836MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH ENGTH OF STAY IN 6 d STREET ADDRESS IS RESIDENCE DATE OF DEATH 9 AGE (In years 7 MARR M NEVER MARR ED DIVORCED WIDOWED 106 KIND DF BUS NESS DR TAHW 3C 41 COUNTRY ?/ 7 INFORMAN INTERVAL BETWEEN DISET AND DEATH MMEDIATE CAUSE (o) DUE TO DUE TD PERFORMED? 20b DESCRIBE HOW INJURY DECURRED (Enter noture of injury in Part I or Port II of item 1B) 20d INJURY OCCURRED 20e PLACE DF INJURY (Home, form, 20f (City or town) factory street, office bldg etc.) Not While ot work Inspection | Naturol causes Undetermined no. her

State Department af NAME OF DECEASED Office alang Item 18. 100 USUAL DCCUPATION (G ve kind of work done forwarded to the Ch ef Medical Examiners FATHER'S NAME S WAS DE FASED EVER IN Yer rigior inknown) (ty 18 CAUSE OF DEATH Enter PART I DEATH WAS CAUSED BY word Conditions if any which gave rise to immediate couse (a), stating the underlying couse PART II DTHER SIGNIFICANT ONE TIDNS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAME OF A FORM ON THE PART 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING Б CALISE DE DEATH 20c TIME OF INJURY Month, Doy, Year Hour om. 21 | certify that I took harde of the ten aims described above, held on Autopsy ond in my opinion death resulted from CHIEF MEDICAL EXAMINER ACTUAL SIG NATURE FUNERAL Hearth may 0 VR A15ME '5) 6M T 67

a COUNTY

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30), W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06837 FOR STATE PLACE OF DEATH o COUNTY MARY AND LENGTH OF TAY IN 16 DUDUR DAR NAME OF Month DECEASED DEATH MARRIE 1 1 NEVER MARRIED 9 AGE IL Y OF lost birthday) Mar Ibs Doys WIDOWED [ be farwarded to the Chief Medical Examiner's Office 12 " "FN OF WHAT ON KIND F BUSINESS OR "At 11 PATION, Give kind of work done during most of working life, even if retired) COUNTRY? 13 FATHERS NAME WAS DETEASE EVER IN O ARM & FORCES (Yes, no, or upknown) (If yes give wor or dotes of service 8 CAUSE OF DEATH TOTAL IN PART I DEATH WAS CAUSED BY Gunshot wound heart IMMEDIATE CAUSE (a) \_ DUE TO Conditions, if ony, which gove ase to immediate cause (o), DUE TO stoting the underlying couse PAR I OTHER INFRANTIONAL ON CONTRIGION TO DEATH OF NOT RELATED TO THE TERMINAL DISEASE CONTINUE OF SOME OF THE PARTY OF TH TEKTURMENT 20+ OT RISE HOW INJURY DRRET "commoditie 1. Ty is Port of the title ... A REAL A FUE should t PRIMARY OF MIRE, THE During fight at Tavenan-woo. Shot in chest. While of work of work factory, street, office bldg , etc.) Gaithershury Mont. the funeral director ruy.

5 may be retained far y

10 FUNERAL DIRECTOR. I certify that I took though of the tonion is described above her on Autopy death resisted from Natures to a Acquest [ Suinde The de X 22 DATE SIGNED TERRY ME A . .. Milyes **EXAMINER'S** Address (Street city Town, or county) NE THAT PE C N. AN I'N X K K W Ash Memorial., Sandy Spring, Md. Rockville, Md. VR A15ME (5)



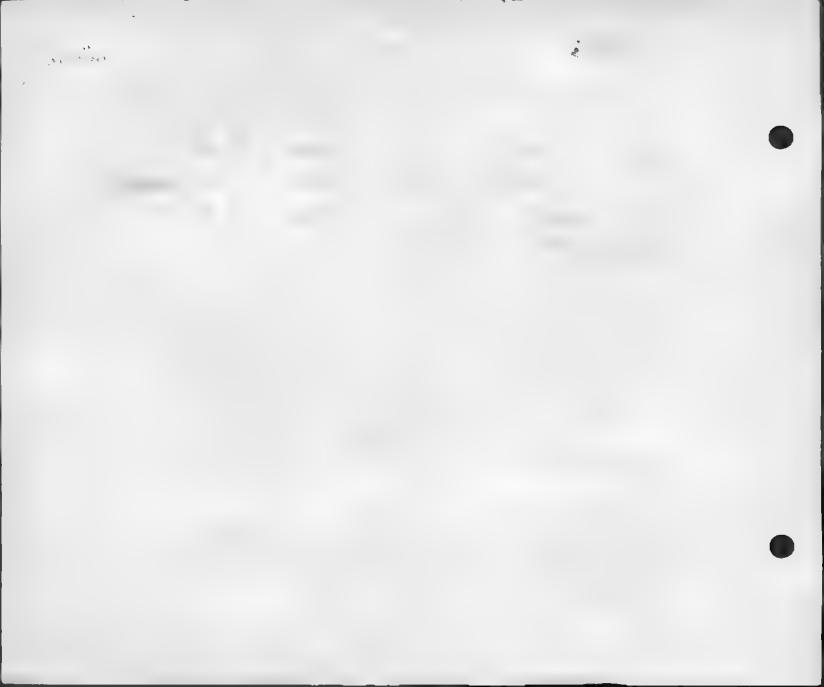
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MARYLAND STATE DEPARTMENT OF HEALTH

		30004	CERTIFICAT	t Ur DEATH		06825
	1 1	PLACE OF DEATH			Where deceased lived, if institution R	esiderice before admi sion)
	10	DontsomEny	MARYLAND	Marelan	d b country	esmury 1
		CITY OR LOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If out	iside corporate limits, write RURA. p	g ve nearest (Swn)
	15	ethes de	(o days)	Dileur &	aprin	
	A <sup>°</sup>	I NAME OF HOSPITAL OR ASTITUTION (If not a	n haspital, give street address)	d STREET ADDRESS	10	e IS RES DENCE ON A FARM?
	H	churban Hasp	tal	8408 107	D ANE	YES NO A
Ì		NAME OF PIEST	M-ddle	Lost	4 DATE Month	Doy Year
	(	Type or pnnt) \(  eve a	and Paul	COATES	DEATH CALL	2-1967
)	5 5	6. COLOR OR RACE 7	7 MARRED NEVER MARRIED	8 DATE OF BIRTH		NDER : YEAR FUNDER 24 HRS
	12	rale white	W DOWED DIVORCED	7/16/11	45 XX 55 118	
		USUAL OCCUPATION (Give kind of work done ng most of working life, eyen yi ret red)	10b KIND OF BUS NESS OR	11 BIRTHPLACE (County 8	State or foreign country)	17 CITIZEN OF WHAT COUNTRY?
-	16	Countary Clerk	Vitro Bab	il in	x: C	
	13.	FATHER'S NAME	1 -	14 MOTHER'S MAIDEN N	AME	
		it and	Contra	12.00	1 416 7.	
		WAS DECEASED EVER IN US ARMED FORCES?	erv ce) 16 SOCIAL SECURITY NO 17	INFORMANT 8408 1	oth Ave., Address 14	luer Sorina, Md
		/w None	579-03-7435	The part of the	ta the st	^ 4
		18. CAUSE OF DEATH (Enter only one couse PART 1 DEATH WAS CAUSED BY	71	man or years		INTERVAL BETWEEN
		.MMEDIATE CAUSE (a)		acreay as	ried	Transce U.
		Cancitions, if any which gove )	inder is a de la	1 + 1 · n.	with it were in	-3
		rise to immediate couse (a),	Carrie Con Land			
		stoting the underlying cause (c)	2	2012 15 1		14-20,
		PART II OTHER SIGN F CANT CONDITIONS CON			DITION GIVEN IN PART LIGHT	19 WAS AUTOPSY
	CERTIFICATION	71 —	or wi er - Meloute	TA 2 TT G	- The State of the	PERFORMED?  YES X NO
	3	20o ACC DENT WAS UNDERLY NG □	20b. DESCRIBE HOW INJURY OCCURRED			
		OR CONTRIBUTING (AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER)				
	MEDICAL	20c TIME OF INJURY Month, Doy, Year		ACE OF INJURY Home, form		(Cally (State)
	景	Hour om. 19	While Not While of work	octory, street, office bldg., etc.)		
		21. I certify that (I) (this hospit	all attended the deceased from	1745 1	to Title F-61	49 N +hat (I) (we) last
		saw the deceased alive an	1947, and th	at death accurred অর্থ	16 M, from causes and	an the date stated above
		220 SIGNATURE		ATTENDING TO	MED STATE	25 DATE SIGNED
		- that	the or all the way	ND PHYS	DIRECTOR PHYS	wey la
	- [	22c Physician's NAME (Type)	at to the to the	22d ADDRESS	7 01.1	0 14 4 7 1
	720	D DIAL COUNTING		D COUNTDON	Land Joseph Co. I.	
		BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify)		_	23d LOCATION (City or Town)	County' State,
	. 724	EUNERAL DIRECTOR			BY REGISTRAR 256 REGISTR	AR S SIGNATURE
		min in the second	Thomas, 8434 Georgia	Hygnue	5 1967 yell	arlas Judge

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with in 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours affect be retained by the hospital or attending physicion Page 4 тоу VR A15 (4) 25M 1/67



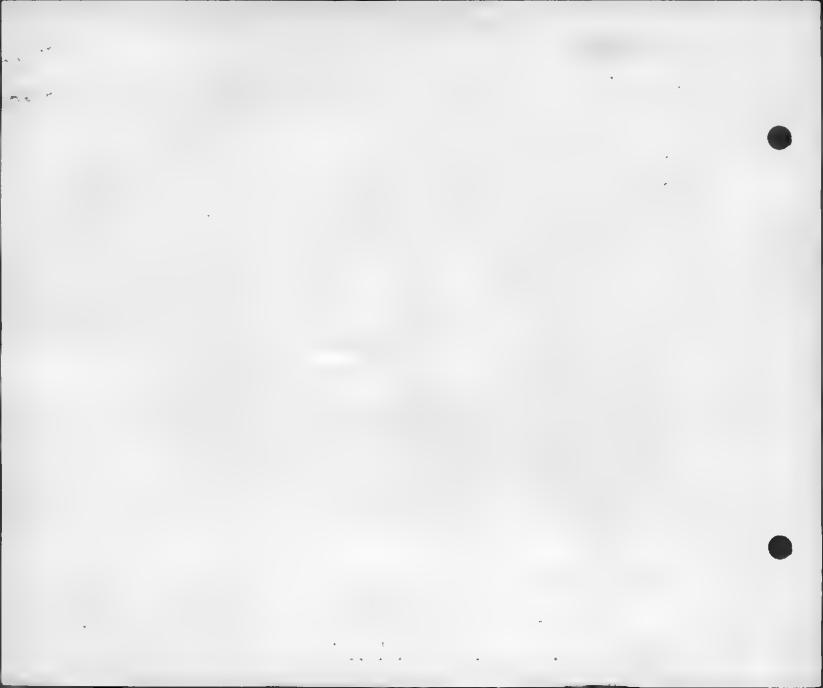
MARYLAND STATE DEPARTMENT OF HEALTH

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06846	}	CERTIFICATE	: OF DEATH						
	PLACE OF DEATH	,		2. USUAL RESIDENCE (Where deceased lived if institution Res	sidence before admission)					
	o. COUNTY	sta mel	MARYLAND	· STATE MARY! HAd b. COUNTY A	"Nteres "					
$\perp$	B CITY OR TOWN	(if outside corporate limits	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de corporate limits, write RURAL and						
П	write RURAL o	and give nearest town)	111	1. tomAc						
ŀ	d NAME OF HOSP	ETHESCIA PITAL OR INSTITUTION (IF not in	hash to give street address?	d STREET ADDRESS	e IS RESIDENCE					
		BubackAR.		16612 Bus bronk Ix	YES NO					
ŀ	NAME OF	Fist	Middle	Lost 4 DATE Manth	Day Year					
,	(Type or print)	MA	TLUA BOOSE	COLIMAN DEATH NAY	15 1967					
	SEX	6 COLOR OR RACE 7		8 DATE OF BIRTH 9 AGE (In years IF LN	DER I YEAR   IF UNDER 24 HRS					
1	F		VIDOWED DIVORCED	7-12-17 Hast birthday) Mont						
		ON (Give kind of work done ng fe, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?					
	11.	21-a1fe.	11057111	Dyr-ord are Chine, 4	J, 11					
	13. FATHER S, NAME	4		14 MOTHER'S MAIDEN NAME						
	1/6	Y' T X WY		111 1/2 4/2 2						
		VER IN U.S. ARMED FORCES?		INFORMANT Address	7 , 5					
1	( res, no, or unknown	i) (If yes give wor or dotes of ser	//	161 P. 111 - 1	· · · · · · · · · · · · · · · · · · ·					
F	18 CAUSE OF	DEATH (Enter anly one cause p	er line for (o), (b) and (c))	7 7	INTERVA' BETWEEN					
1	PART I DE	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) TREMERALOWS Tailer ONSHAND DEATH								
1		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)  DUE TO  OMSE AND DEATH  TREGUES TO TO THE TO								
		(conditions, if ony, which gave) (b) (prefixed > down 4 mo								
		rise ta immediate couse (a), DUE TO								
	lost (1) / Inthroque Cercurua 6 mo									
	PART IJ OTHER	S GNIFICANT COND T ONS CONTR	BUTING TO DEATH BUT NOTRELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART (5)	19 WA AL DE Y PERFORMED					
	200 ACCIDENT W	de apentado D	Tool process of Love at Law act tools	(F) D. H. D. H. (A. 202	YES NO					
	OR CONTRIBUTING	/AS UNDERLYING □ IG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I ar Part I of item 18.)						
	20¢ TiME OF IN	y. JRY Month, Doy, Year	4	ACE OF INJURY (Home, form 20f (C'y or town)	(County) State'					
	Hour o	p.m. 19	While Not While of work of work	tory, street, office bldg., etc )						
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	saw the	deceased alive on	5/14 1967, and tro	$\forall$ death occurred at $3A$ M, from causes and a	in the date stated above					
1	220 SIGNATUR	7 4/11	1 1	ATTENDING MED STAFF 221	DATESIGNED					
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-	230 BURIAL, CREMAT	TION. 23b DATE THEREO			(Cant)					
	REMOVAL (Speci	i(Y) 5 70 75			**					
-	24 FUNERAL DIRECT		ler's Sons, Cans	thodist Cherc / Potomac.	R S SIGNATURE					
,		Hee are			vely Judge.					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral. director, page 3 should be detached for use as the buriol transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to buriol, crematian, or removal, and in any exent. within 72 haurs offer death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67

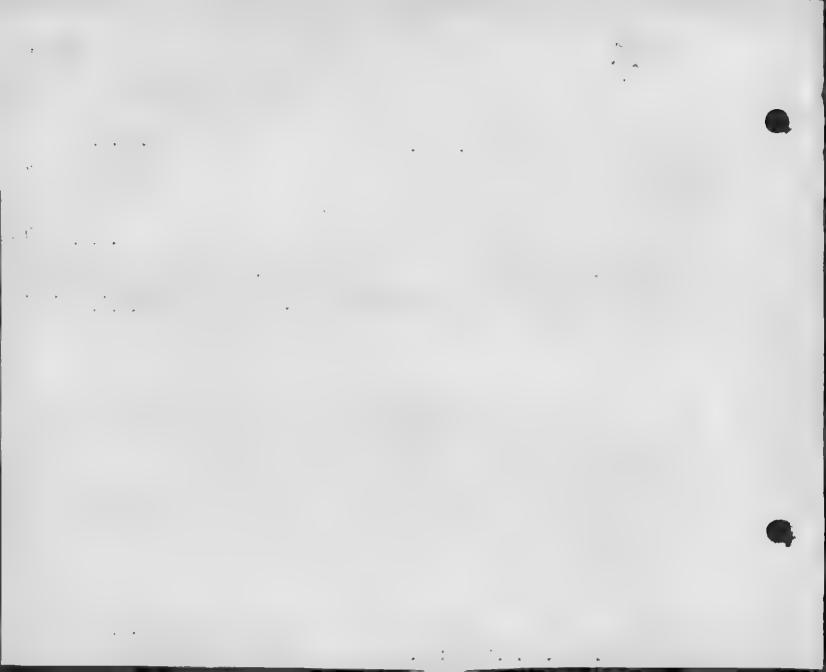


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96841 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Reside as before July sign) PLACE OF DEATH o COUNTY b COUNTY e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address & STREET ADDRESS NAME OF Middle DATE DECEASED OF DEATH (Type of print) executed 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED b rthdoy) WIDOWED DIVORCED 10b K ND OF BUSINESS OR 12 FIT ZEN OF WHAT COLNTRY certificate T3 FATHER'S NAME 14, MOTHER'S MA DEN NOW IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCA, SECURITY NO. 17 INFORMAN (Yes, no open mown) (If yes give wor or dotes of service) 12-14-4783 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH ol-tronsit PART DEATH WAS CAUSED BY Intestional obstruction small bowe! IMMEDIATE CAUSE (o) DUE TO Condition Fony, which gave Primary gastric adenocareinona l year rise to immediate couse (o), DUE TO stating the underlying couse lost. 19 WAS ALTOPS PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of neury in Port I or Port II of tem 18) 250 ACCIDENT WAS UNDERLYING [T OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Mome, form 20f (City or lown Hour om factory, street, office bldg .etc ) at work 21 I certify that (1) (this haspital) attended the deceased fram 1967 that (1) (we) last saw the deceased alve on May " 19 6 7, and that death occurred at 2 3 M, fram dauses and an the date stated above 220 SIGNATURE M.D DIRECTOR O FUNERAL NAME (Type) Men J. O'Neill, us 8601 Old George four 23e BURIAL CREMATION 25b REGISTRAR S SIGNATURE 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORD W. PRESTON STREET, BALTIMORE 1, MARYLAND I. PLACE OF 4 2 2 2. USUAL RESIDENCE (Where decasted I vad. If institution; Residence times dimession) a COUNTY B. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery

c. City or Town, If outside carporate limits, write RURAL and give no est town b. CITY OR TOWN (if outside corporat I mits. & LENGTH OF STAY IN Th write RURAL end give nearest town) Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress) d STREET ADDRESS Page ON A FARM? Massachusetts completely 3 NAME OF N DECEASED OF (Typ or print) DEATH carbon AGE IN YOUR INUNDER I YEAR IF JINDER 24 HRS. 6. COLOR NEVER MARRIED and rast birthdey) Months emale WIDOWED IX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE County & Sten or to go country, 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Susan R. Crandall √illiam H aftendi 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT {Yes, no, or unknwn} | [liyesgivewarordetesofservice] 7922Kathryne INTERVAL BETWEEN 18. CAUSE OF DEATH Enter only or a cause per fine fo. in ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which ? (b) gave rise to immediate cause DUETO (a), stating the underlying cause lest. PART I OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH 8 JT NOT RELITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1: 19. WAS AUTOPSY PERFORMED? NO L 2% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of injury in Pert I or Pert II of item 18.) HE EITHER, NOTIFY MEDICAL EXAMINER) (5 ste) 20d INJURY OCCURRED 20e, PLACE OF INJURY Home, farm, 20t. IC by or town! (County) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While et work el work 19 , 1967, 5 O 8 21. I certify that (I) (this hospitel) attended the deceased from... to , 196 ., that (I) (we) last 7, and that death occured at 2 M, from the causes and on the date stated above saw the deceased alive on 22a SIGNATURE ATTENDING DIRECTOR PHYS PHYS. MD 22d. ADDRESS 22c PHYS CIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 230 BURIAL, CREMATION, 23b REMOVAL (Specify) 0:53 Congressional 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 96843 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH b COUNTY ont Tonery o county liont comery Haryland MARYLAND CLENGTH OF STAY N ID b CITY OR TOWN ( floutside corporate limits, c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) write RURAL and give nearest towolnev 10 days d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 3112 North High St. Olivy .... Lontgomery General nospital Middle 4 DATE 3 NAME OF Last First DECEASED VERA 19 67 Carolyn Craver DEATH (Type or print) F UNDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARR ED NEVER MARRIED lest birthday) Months Hours DIVORCED 1Do \_SUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 1Db KIND OF BUS NESS OR 11, BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Md -14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME George E. Hicholson Blanche Young 16 SOCIAL SECURITY NO 17 INFORMANT Address IS WAS DECEASED EVER NOS ARMED FORCES? (Yes no of unknown) (If yes give war or dotes of service) 578-10-5382 Hospital Record Olney Id. 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO levole could consofor disease Conditions if ony, which gave rise to immediate couse (a), stoting the underlying couse lost 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Myellitico NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 20e PLACE OF IA.URY (Home, form, 2Df (City or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour am. of work of work 1955 NO MAY -3C.L.1 1962, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram\_ saw the deceased alive an May 14 1967, and that death occurred at 7:40 M, from causes and on the date stated obove. 22b. DATE SIGNED 220. SIGNATURE DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S Dement Bonifan Medical Center Sandy Spring. Id. NAME (Type) A 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION (County) (Stote) 5-17-67 St. John Olnav Mont. 250 RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATUR ADDRESS 24 FUNERAL DIRECTOR Francis H. Barber Laytonsville, Md.

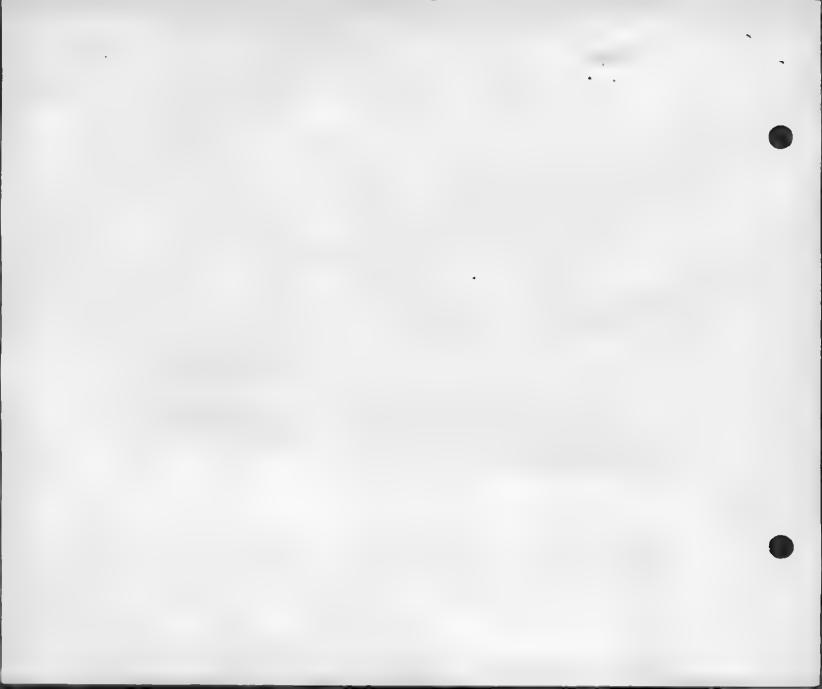
requires that the death certificate be executed within 24 haurs after sician and camplebely fill please remove tarban p , and in any evept, with physician o removal parmit ь signed by the burial-transit burial, cremati has been cert f cate TO FUNERAL DIRECTOR: After be retained director, pagm VIII A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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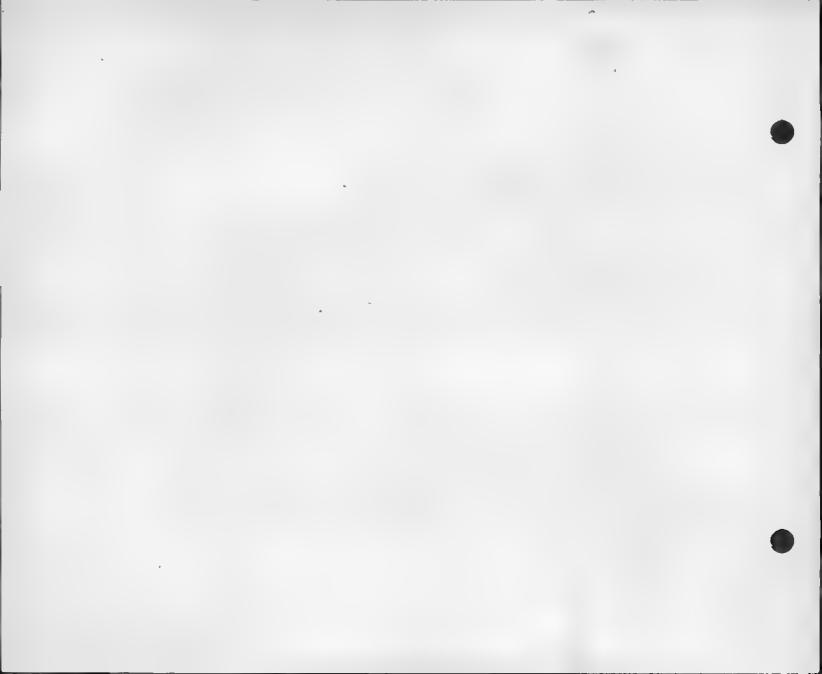


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96845 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH a COUNTY o STATE LENGTH OF STAY IN B. ON If not in tup to give treet oddrers) d STREET AL'DRES DATE 3 NAME OF DECEASED (Type or print) DEATH NEVER MARR ED MARRIED E lust been by D3WODIW ta the Chief Medical Exominers Office I ORTHP, ACE STOTE 14 MOTHER'S MAIDEN NAME 16 SOCAL SECURITY NO 7 INFORMANT Nº RIA DET WELK y one cluse per line for on the ond is UN, AND CATH NAMEDIAN (AUST 19) Myocardial infarction recent and remote PART I DEATH WAS CAUSED BY the word (b) Coronary occlusion for ditient floory which gove rise to immediate couse (a), DUE TO toting the underlying couse " Coronary arteriosclerosis PART II OTHER MIRKANT ONLIN'NG CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON THEM IN PART 20 DE R BE HOW INJURY & JURRED Enter of the of the Port in fire EXTERNY & 6 WA PRIMARY Or CONTRIBUTING plno CAUSE OF DEATH The PLA ON TRY 1 TO fortige to the above ale I certify that track charge of the renuncial delicities and held an Autopsy 💢 and is my op, ign t ath resulted from Natural ause X Similar Harm de Accident ACTUAL 22. DATE SIGNED AS ! AN M: EXAMALE . SICNATURE 7936 Olf Georgetown Road Wall Die XI John G. Ball Bethesda, Maryland NAME OF A R REM. R Darnestown SO I Darnestown 1331 Rock Pike 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Mome Rockville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



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late Deportment at Lours after death the State Deportment Office along with farm tem 18 Give Pages in ony event withing 72 pages land2 necessary, please execute the certificate writing the word pending in pendin in the funeral director Page 4 should be forwarded to the Chief Medical Examiners certificate should be executed within Fire 5 may be retained for your files.

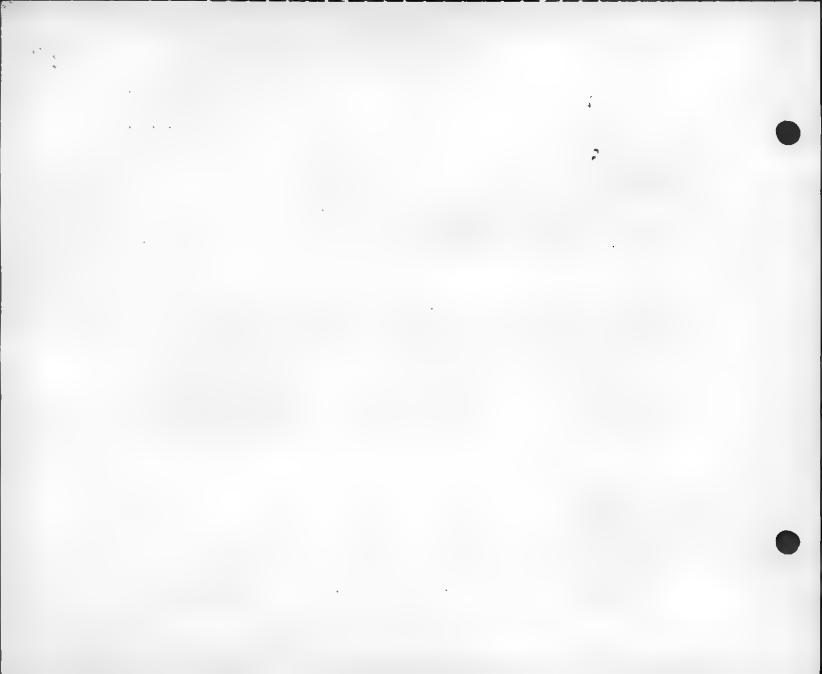
TO FUNERAL DIRECTOR: Page 3 should be used as a bur ol-transit permit Health or its designated agent, priar ta burial, cremation, ar remaval. MEDICAL EXAMINER: TO DEPUTY

	05847 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06834					
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23	BURIAL, CREMATIC		23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION City or Tox	vn, (County) State)
	REMOVAL (Specify) 5/12/67 RoseHill Cemetery Cumberland, Meryle d					
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VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) D COUNTY b. COUNTY Poge death. MARYLAND Montgomery
b CITY OR TOWN (If outside corporate limits,
write RURAL and give neorest town) Mentgomery c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate I mits write RURAL and give neuro t town) P.M3 Sil Sprg. Md. | Nife
d NAME OF HOSPITA. OR INSTITUTION (t not n haspital give street address) 108 Schuyler Rd. S.S.Md. G RESIDENCE ON A FARM? d STREET ADDRESS 108 Schwler Rd. S.S.Md. YES NO P ofter death 3 NAME OF First Middle 4 DATE Lost Month With Year DECEASED Matthew S Пe Davis within (Type or print) DEATH S SEX 6 COLOR OR RACE IF UNDER 24 HR. 7 MARRIED 8 DATE OF BIRTH 9 AGE iln years NEVER MARR ED I lost birth loy Months A 2/8/67 Male White WIDOWED D VORCED Office event L. USUAL OCCUPATION (G VE KIND of work done 10b KIND OF BUSINESS OR 1' BIRTHPLACE (State or foreign co-ntry 12 CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY Takoma Park, WashSan. Md. USUNTRY? Ony 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ⊆ Joyce Stockmier Morris Davis (1) puo WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCA, SECURITY NO. (Ye., no prunknown) (If yes give world dates of service) removol, Joyce Davis 108 Schuyler kd.S.S.Md. no IN FRYAL BETWEEN 18 CAUSE OF DEATH (Finter only one couse per ine for (o) (b) and 'c); ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute interstitiel pneumonitis Ь MMED ATE (AUSE O) should braw er cremation, DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO storing the underlying couse O last. buriol, i rsed 19 WATATIOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION , IVEN IN PART 1. 01 PER ORMED? M NO pe ţg. 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 183) should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20c, TIME OF INJURY Month, Day, Year (County) Hour am. factory, street, office bldg , etc.) Not While at work 21. I certify that mak charge of the remains described above, he d on Autopsy XI, Inspection 🗶 Inquiry 7 and in my apinian death resulted from Natural causes X Undetermined manner funeral a rector -Accident Suicide Harhteide ACTUAL ā 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE moy be re FUNERAL I Heolth NAME 'Type' the 23c NAME OF 230 BURIAL CREMATION 23d LOCAT ON (City or Town 0 David Memorial Garden Falls May 18, 1967 Stein Hebrew Memori Home 232 VR A15ME (5) 6M 1/66

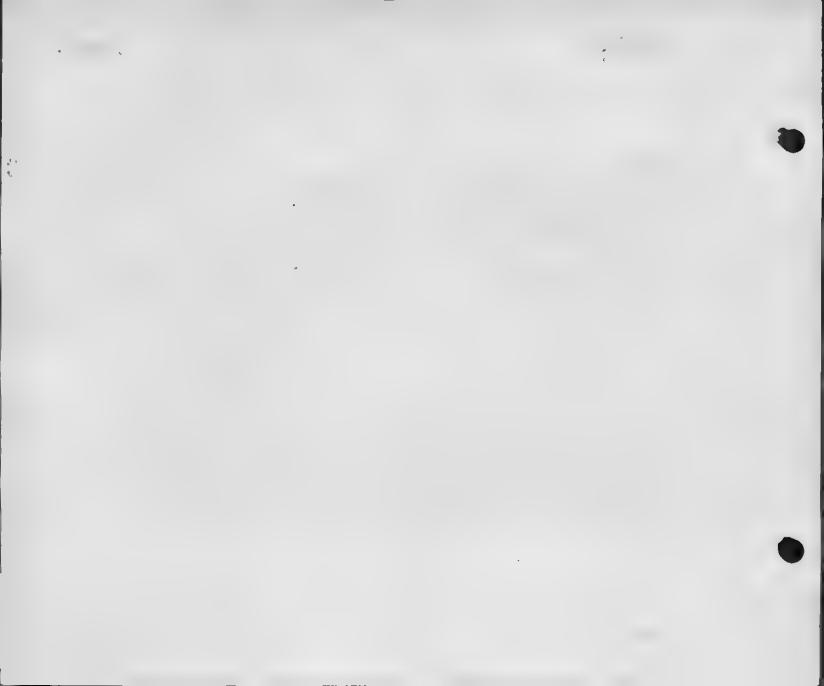


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE # 1 6 46 1 o STATE . Maryland Montgomers b TY OR TOWER " I FNU FH OF TAY N IS I NAME OF HI'S PITA" IR NSTITUT IN IF not in his or the freet uddres " TREET AD PE Chef Medicol Examiner's Office along with farm Reute. 121 NAME OF M att. DECEASED 112 lel Nell (Type or print) S SEX 6 (U OR OR RALE NEVER MARRIED W DOWED DIVORCED during cost freeking iter er itet ed "an KIN. OF BUS NE , OR IN I WHA MEIN 13001 -13 FATHER S NAME 14 MOTHER'S MAIDEN NAME Hager Francis 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 220266974 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) event PART DEATH WAS CAUSED BY COTONERY IMMED ATE CAUSE (0) DUF TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause PART I THER SIGNIFICANT CONDITION. ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA DISEASE NO. A EN NIPAK PH RM 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) PRIMARY Or CONTRIBUTING CAUSE OF DEATH LL IME I Nocks Me "t, Day, Yes CA IN IKA CAJERE foctory, street, office bldg , etc.) 21 I certify that I took charge of the real and described above held an A tap a elegth ren, ted from Natural raples M. Accident 7 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county)

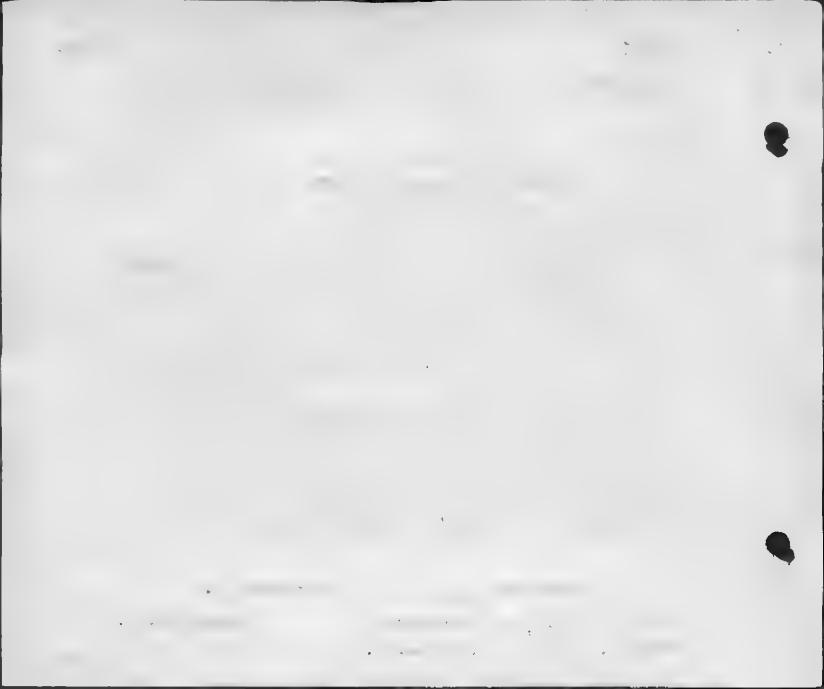


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, finstitution, Residence before edmission) e. COUNTY b. COUNTY Montg. 200 Marvland Montgomery MARYLAND b. CITY OR TOWN (if outs de corporete l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale limits, write RURAL and give neerest town) write RURAL end give nearest town) Gai thersburg Gaithersburg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RES DENCE ON A FARM? 107 Woodland Rd. YES NO E 3. NAME OF F est Middle 4. DATE Month Day DECEASED May (Type or print) Dav DEATH Hezekiah and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH ¬last b =hdey) Months WIDOWEDX D VORCED [ 10e. USUAL OCCUPATION Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY, 11, 8 RTHPLACE (County & Stele, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Montg Co. Building Contractor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ğ 百百 Susan Wills Jacob 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) (If yes give war or detes of service) Woodrow Duvall . As No 2 permit. ۵ 18. CAUSE OF DEATH Enter only one cause per line for (e), b), and (c). I NTERVAL BETWEEN ONSET AND DEATH las been signed L burial-transit per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO nding Conditions, if eny, which geve rise lo immediate ceuse **DUE TO** (e), stating the underlying couse last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6 19, WAS AUTOPS) PERFORMED? prior YES NO E 2De ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Pert II of Jem 18.) OR CONTRIBUTING CAUSE OF DEATH R: After this detached fo After I 2Dd. INJURY OCCURRED . 2De. PLACE OF INJURY (Home, ferm, ! 20c. TIME OF INJURY Month, Day, Yeer 2Df. (City or town) (County) (Stele) fectory, street, office bldg., etc.) While Not While AEDI CTOR: at work el work saw the deceased alive on 1957, and that death occurred all M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED director, page 3 HOSPITAL PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BUR AL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Gai thersburg Forest Oak 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, edm ssion) e. COUNTY a. STATE b. COUNTY MARYLAND Montgomery Juc Teli b. CITY OR TOWN (if autside corporate I mils, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if puts de corporate limits, while RURAL and give a prest tow write RURAL and give nearest town) 72 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giv. street eddress) IS RESIDENCE ON A FARM? papers. 3. NAME OF First M ddle 4. DATE сотрів DECEASED OF (Type or print) DEATH Jo seph Day Asberry 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS physician and last birthday# Months Days Hours WIDOWED X DIVORCED IDE. USUAL OCCUPATION Give kind of work BIRTHPLACE County & Stete or foreig country 12 CITIZEN OF WHAT COUNTRYS done during most of working life, even if retired) 13. FATHER S NAME attending ple 15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no or unkown) (If yes a vewer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which has been gave rise to immediate cause DUE TO (e), stelling the underlying PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTION TO DEATH BIT NOT REAVED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I 19 WAS - NIOPSY CERTIFICATION PERFORA Prior 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of Item 18. AEDICAL 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f, (City or fown 20c. TIME OF NJURY Munth, Day, Year County" fectory, street, office bldg., etc.) Hour e.m. While \_Not While at work | et work p.m. CTOR: 21. I certify that (I) (this hospital) attended the toppeased from. that (I) (we) last saw the deceased alive on. and that death occured at AM, from the causes and on the dath stated above. 22e SIGNATURE DATE SIGNED O HOSPITAL
death. Page 4
O FUNERAL
director, page 3
be filed with in DIRECTOR 22". PHYSICIAN'S NAME (Type Sandy Spring, Md. Charles Ligon 23e BURIAL, CREMATION, | 23b DATE THEREOF 23d. LOCATION (City fown or county) WAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Laytonsville, Md. Laytonsville 125a, REC'D BY REGISTRAR 256 REGISTRAR S SIGNATURE ADDRESS. 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 41 Francis H. Barber Laytonsville, Md. 15M 7 81



22a. SIGNATURE

BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

CERTIFICATION

23c. NAME OF CEMETERY OR CREMATORY Paul's AOORESS

LOCATION (City, town or county) Cemeterv

Arcadia. Md. REGISTRAR'S SIGNATURE

(State)

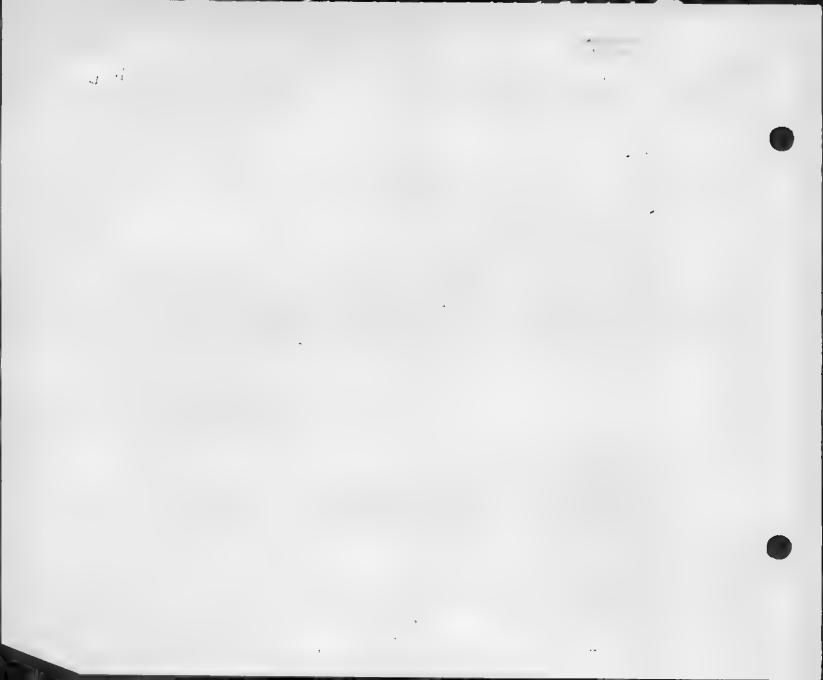
24. FUNERAL DIRECTOR

Tipton - Eline Funeral Home Hampstead, Md.

DATE

VR A15 (4) 15M 4-64

2



24 FUNERAL DIRECTOR Robert E. Wilhelm Fullers 1 Home

4308 Suitland Road, Suitland, Maryland

Calvary Cemetery

2Sa REC'D BY REGISTRAR

e S RES DENCE ON A FARM?

YES NO X

F UNDER 24 HRS

USA

INTERVAL BETWEEN

ANGET AND DEATH

3 Weeks

3 Weeks 19 WAS AUTOPSY

9 May 1967

(County)

25b REGISTRAR S SIGNATURE Klarkey

PERFORMED? YES X

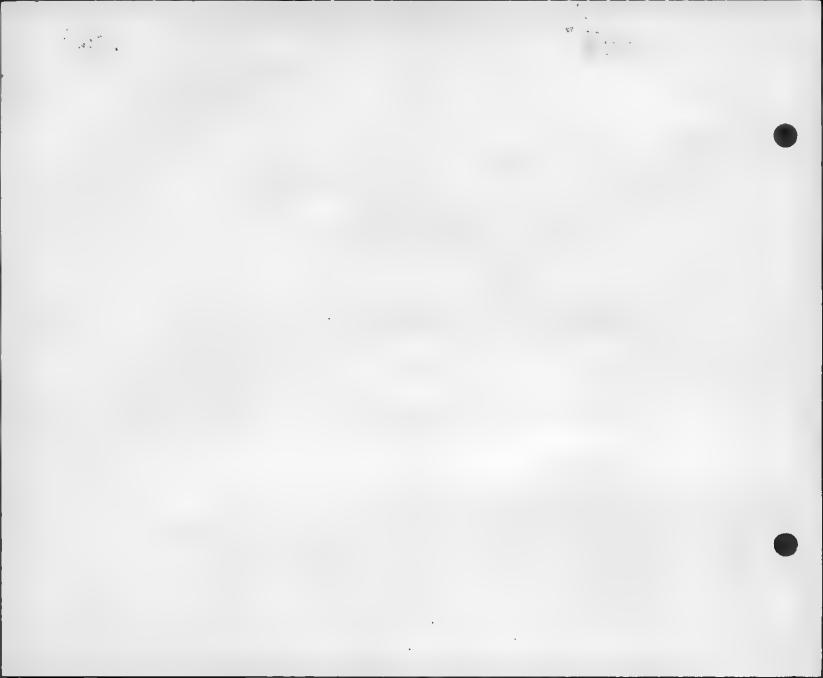
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VR A15 (4) 20 M 1/66

be executed within 24 hours after death

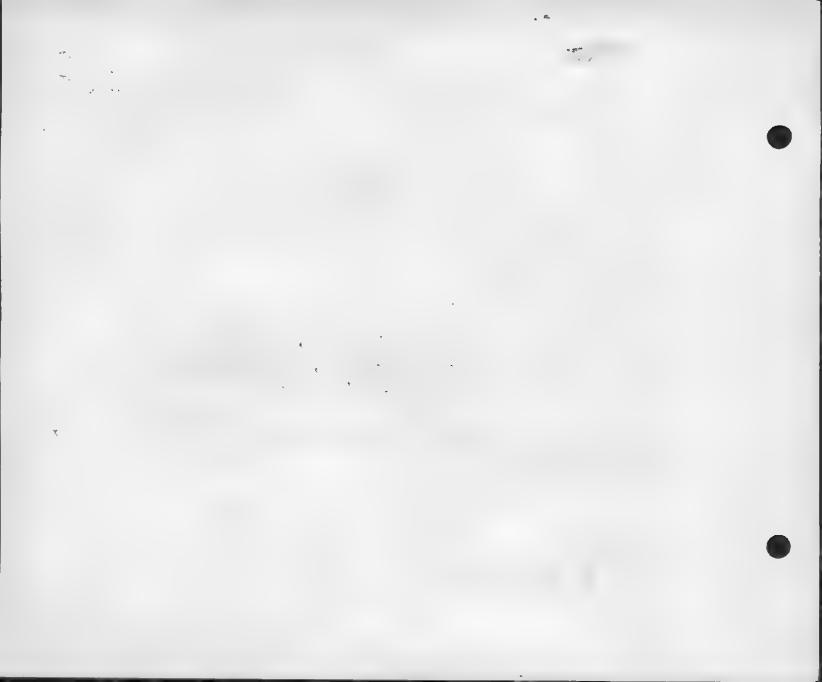
PHYSICIAN: The law requires that the death certificate



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Revide to before admission) o STATE b COUNTY MARYLAND C LENGTH-OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) e IS RESIDENCE NSTIJUTION (If not in hospital give street oddress) d STREET ADDRES ON A FARM? YE, TO NO K 3 NAME OF Middle DECEASED OF DEATH (Type or print) NEVER MARRIED last birthdoy 10a USUA. OCCUPATION (G ve kard of work done 10b KIND OF BUSINESS OR 12 CT ZEN OF WHAT de ring most of working to even if retired) JOTH ATHERS NAME MOTHER'S MAIDEN NAME > WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or linkhown) (It yes give wor or dates of service) 18 CAUSE OF CEATH (Enter only one couse per line for (a), (b) and (c),) INTERVAL BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY Myosardial infarction, massive IMMEDIATE CAUSE (a) **OUE TO** Coronary thrombosis, left descending Conditions, Lany, which gave use to immediate cause (a), DUE TO storing the underlying couse Coronary arterioselerosis PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAIL DISEASE CONDITION GIVEN IN PART I(6) PEPFORMED? Diabetes mellitus (controlled) YFS 🔣 NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of Item 18) y be retained or 1 DIRECTOR: After this certifical chauld be detached for the chauld be detached for the control of H 200 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20: I.ME OF INJURY Month, Doy, Year 20d (NJURY OCCURRED 20e PLACE OF INJURY (Home, form, 201 (C ty or town) (Crunty) (Stofe) Hour o.m. lactory, street, office bldg., etc.) of work 21 | certify that (1) (this haspital) attended the deceased from MAR, 24, 1966 to 19<u>6</u> / that (I) (we) last 1967, and that death accurred of 37. M. fram causes and on the date stated above saw the deceased a ive on 220 SIGNATURE 22b DATE STGNED TO FUNERAL DIR director, page 3 should be filed 22d ADDRESS 22c PHYSIC AN'S 230 BURIAL, CREMATION. REMOVAL (Spec fy) VR A15 (4)

O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH División of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE , Where deceased lived it in the fire Re de im be' . . . ision) o. STATE o COUNTY b. COUNTY Maryland Montgomery Page Montgomery t deathr MARYLAND Department E CIY OR TOWN 11f ours de corporate mits LENGTH OF STAY IN 16 t CITY OR TOWN ( flouts de corporate limits, write RURAL and give nomest flour). write RURAL and give nearest town) Silver Spring 5 days Silver Spring & IS RESIDENCE e NAME OF HOSPITAL OR NST TUTION (If not in hospitoligive street oddress) d. STREET ADDRESS haurs IN A FARM with The State D 1308 Woodside Parkway Pages Holy Cross Hospital N. X 3 NAME OF 4 DATE Month Year DECEASED OF 19 67 May 25, Ditzler thin / John NEVIL DEATH Type or print) AGE 'In years 6 COLOR OR RACE 7 MARRIED 🛠 NEVER MARRIED B. DATE OF BIRTH lost birthdoy) WIDOWED DIVORCED and 2 event UNTRY? 11 BIRTHPLACE (Stote or foreign country) 12 CT 7FN OF WHAT Co. Uf JAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working the even if retired) Washington, D.C. Salesman poges in any n pencil m Exam ner s 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Hattie Emma Shade File WA, DECEASED EVER NU ARMED FORCES 16 SOC AL SECURITY NO 17 INFORMANT SAME or remayal. (Yes no, or unknown) (If yes give wor or dates of service) -01-Lea N ERVAL BETWEEN TB CAUSE OF DEATH (Enter only one couse per line for (o, (b) and (c))
PART I DEATH WAS CAUSED BY ONSET AND DEATH would be the the way to be a few orders IMMEDIATE CAUSE (o) ward used as a burial-tr burial, crematian, DHE TO Conditions, if only, which gove fall in boat nse to immediate couse (a), DUE TO stoting the underlying couse lost. 19 WA" PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(c) PERFORMEDY YES EZT NO. prior to e D 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW N. RY QCCLRPED (Enter noture of injury in Port Lor Port Lof item 18) 3 should PRIMARY Z J- CONTR BUTING 1 **EXAMINER:** CAUSE OF DEATH 20e PLACE OF INJURY (Home form 20c TIME OF INJURY Month Doy, Year ([ ty or town) foctory, street office bldg , etc.) While Not While may be retained for your FUNERAL DIRECTOR: Poge ot wark at work 21 I certify that I took charge of the remains described above, held on Autapsy X Inspect on  $\square$ and in my opinion the funeral director death resulted from Notural causes Suicide Hamiciae Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE Health ar I A core withheat Cry to my county) 23d LOCATION (City or Town NAME OF CEMETERY OR CREMATORY 23€ BUR AL CREMATION 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI VR ATSME (5) 6M 1/66



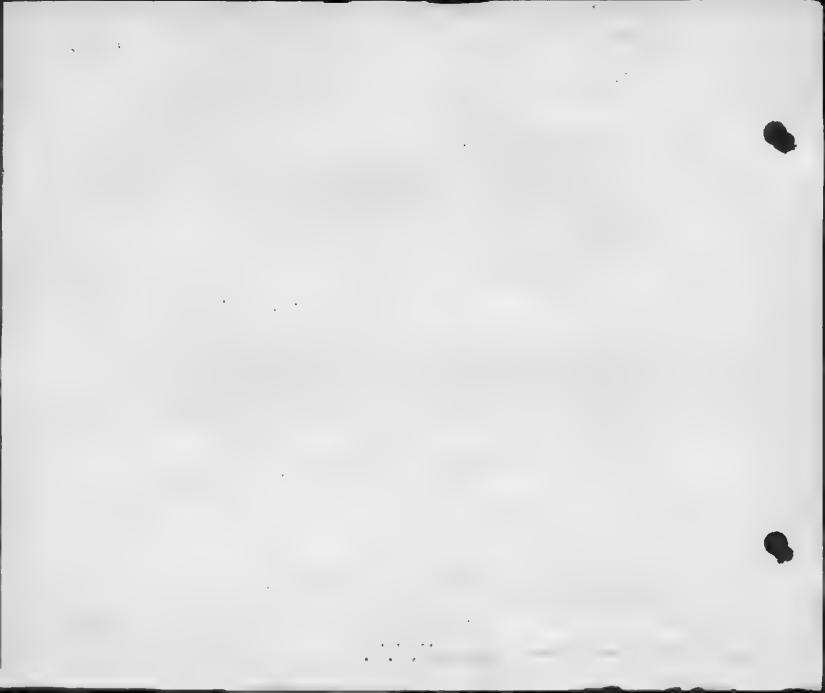
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death. funeral and 2 r death.	. 000.10
er de fun 1 ar er de	1. PLACE OF DEATH  a. CDUNTY MONTGEMERY.  2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)  a. STATE  MARYLAND  MARYLAND
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ours in b Per	Wheaton
24 hours filled in papers, F in 72 hou	d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  ON A FARM?  YES \( \sum \) NOW ton
ely f	3. NAME OF First Middle Last 4. DATE Month Day Year
with yarbc nt, w	(Type or print) Ethel B Aonaldson DEATH May 12, 1967
executed within and completely remove carbon page expont, with	5. SEX 6. COLOR OR RACE 7 MARR ED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Funder 1 year if under 1 yea
and	WIDOWED NOONED N
be ician ician ind in	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. N D OF BUSINESS DR INDUSTRY  11. BIRTHPLACE (County & State, or fereign country)  12. CITIZEN OF WHAT COUNTRY?
cate phys	13. FATHER'S NAME
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th ce	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, new or unknown) (If yes give war or dates of service) 579 - (C 0474   VOVV C Am 70   350 S Me 3 3 # 2
dea he a peri	LIS CAUSE DE DESTRI Fores only one cause par line for (a) (b) and (c) I
The law requires that the death certificate be executed within 24 h or attending physician. Safe has been signed by the attending physician and completely filled r use as the burial-transit permit. Then please remove carbon papers ealth prior to burial, cremation, or removal, and the type eyent, within 72	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSE (a)
that sicia gned al-tra	174 X DUE TD
y phy g phy n sign buri	Conditions, if any, which   gave rise to immediate   (b)   Clear Conditions   5 1/4 17 -
aw requitending has bee as the prior to	cause (a), stating the DUE TD
I: The law requires that the construction of t	
	YES NO 1
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO PROMITED TO THE TERMINAL DISEASE CONDITION GIVEN
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es > 0 0 to	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While Not While at work at work
ENDIN Bined b OR: Aft ould b the St	21. I certify that (I) (this hospital) attended the deceased from 5/10/6 12, 19 to 19 7, that (I) (we) last
OR ATTENDI DE retained DE retained IIRECTOR: A Se 3 should	saw the deceased alive on
DIRE 3	Lite to the terreion M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 15 /12/1-/
TO HOSPITAL (Page 4 may TO FUNERAL D director, page should be file	22c. PHYSICIAN'S PATRICK & AME SON 22d. ADDRESS
IOSP Be 4 UNE ector	1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TO HOSPITAL OR ATTENDIPLE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a. BURIAL (CREMATION), 23b. DATE THEREOF 23c. NAME OF CEMETERY OR OPERATION (City, town or county)  Pr. Geo. Co, Md.
No.	24. FUNERAL DIRECTOR W.W CHOMbers Caddress 3672- M STAN 250. REGISTRAR'S SIGNATURE
VR A15 (4) 15M 4-64	Wash, AC DAT 18 1967 Sterres Judge =



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06845 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE Where de 324 va o COUNTY **b** COUNTY E LENGTH JE STAY N 9 OF HOSPITAL OR INSTITUTION (It not in hospital give street address NAME OF 4 DATE DECEASED (Type or print) 7 MARRIED lost birthday) OB KINE OF BUSINESS OR 1 BIRTHPLALE Operating Eng. UN RY HIBUTTRY Kansas Govt. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Charles Edward Dowling, Sr. Rose January WAS DITEASED EVER IN U.S. ARMED HERCES! 16 SOCIAL SECURITY NO Adda 17 INFORMANT Yes no, or unknown) (If yes give war ar dates of service) Same as Item 2. 511-09-4803 Mary L. Dowling No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART DEATH WAS CA SED BY IMMEDIATE CAUSE . . . DUE TO (anditions forly which gove Cara ing stores in a. rise to immediate couse (a) DUE TO stating the underlying cause last PART & OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA 20g EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) PRIMARY [ ] or CONTRIBUTING [ CAUSE OF DEATH 20e PLACE OF INJURY (Home form 20c TIME OF INBURY Month, Day, Year 20d INJURY OCCURRED 20f (City or fown) Not While foctory, street, office bldg, etc.) 21 I certify that Look charge of the remains de cribes above, held on Autopsy ond in my opinion death resulted frum Natural causes Suicide Undefermined manner CH EF MEDICAL EXAMINER

cal Examiner's Office alang with farm State he death haurs after wurden to the Chief event ward any cremation, 2 prior may be re VR A SME S 6M 6

24 FUNERAL DIRECTOR

ACTUAL

SIGNATURE

PUMPHREY, Bethesda, Maryland

5-24-67

Walnut Cemetery

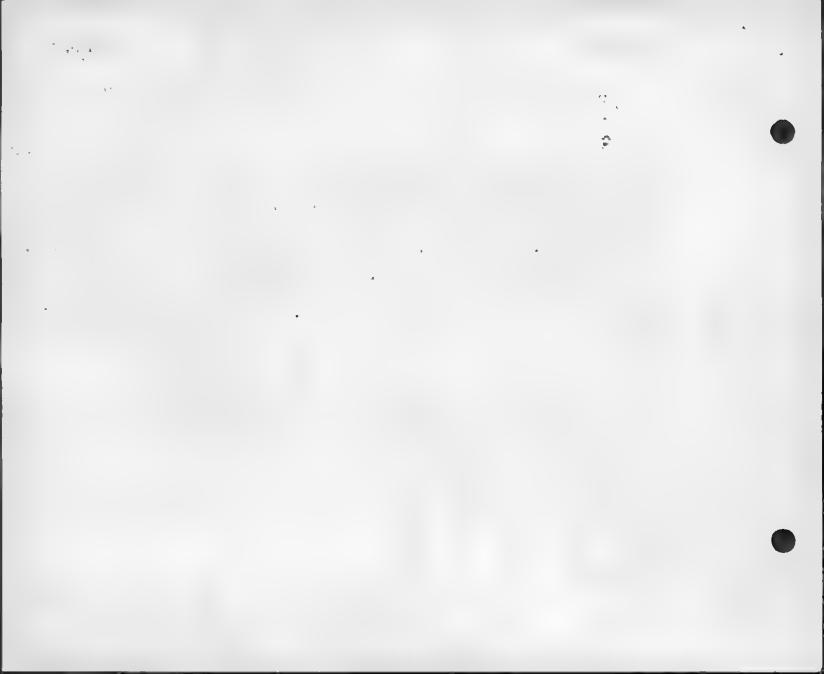
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Walnut 25h 250 REC'D BY REGISTRAR DATE MA

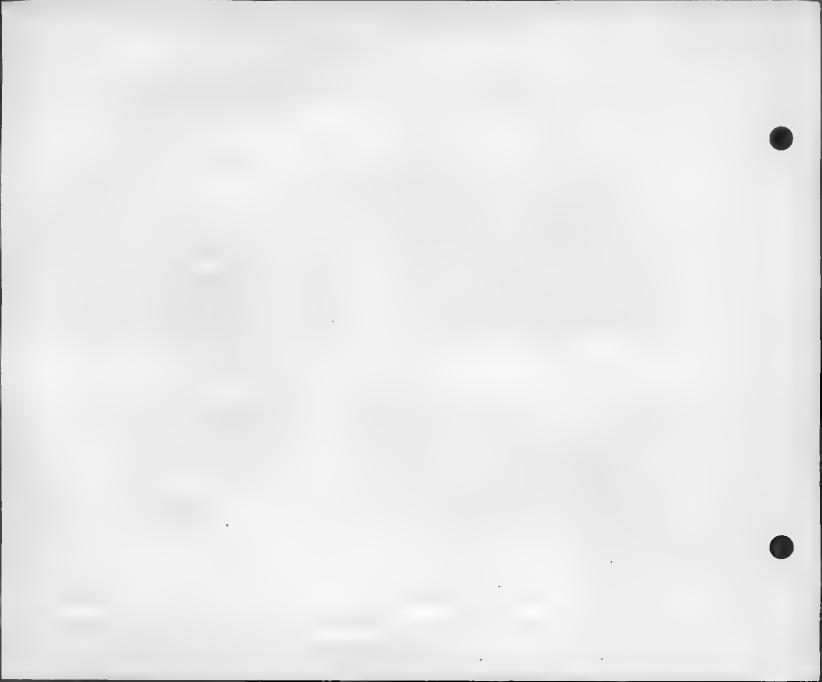
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REGISTRAR S S GNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21297 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY mithin 24 hours ofter MARYLAND Montgomer b CITY OR TOWN (If Sortside carparate limits, c LENGTH OF STAY N 16 c CITY OR TOWN (It outside corporate limits write RURAL and give nearest town) write RURAL and give nearest town) hours 2 weeks Wheaton Pakema Park d NAME OF HOSPITA. OR NST TUTION (I not in hospita, give street oddress) d STREET ADDRESS carbon papers NO C Farthing completely from 3 NAME OF 4 DATE Yeor DECEASED Doyle (Type or print) DEATH 19 6 S SEX B DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 17 MARRIED NEVER MARRIED гетпоче lost birthday) Months WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 12 CITIZEN OF WHAT 1 BIRTHPLACE (County & State or foreign country) requires that this digath cert ficate be during most of working life, even if retired) COUNTRY? LADUSTRY, PENNEYLYBNIB Housewife Just home 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME or remayal, 16 SOC AL SECURITY NO S WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no, or unknown) [(If yes give war or dates of service) Edward Doule INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART 1 DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove ) use to immediate couse (a), DUE TO stating the underlying couse 19 WAS AUTOPS PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED NO 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f ( \*y 0. TW DIRECTOR: After this Hour o.m. foctory, street, office bldg., etc.) Not While ■OSPITAL OR ATTENDING of work of work L 2) I certify that (1) (this haspital) aftended the deceased from 1/2-16 7, 19 and that death accurred at 11 P. M. from causes and an the date stated above. saw the deceased alive of 220 SIGNATURE ( OZMO director, poge should be filad 22d ADDRESS 22c PHYS CIANS FUNERAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 236 DATE THEREOF REMOVAL (Specify) Burial 2 Heaven Cemetery Silver Todier -24. FUNERAL DIRECTOR 250 REC.D. BY REGISTRAR VR A15 (4) Wer Sarten





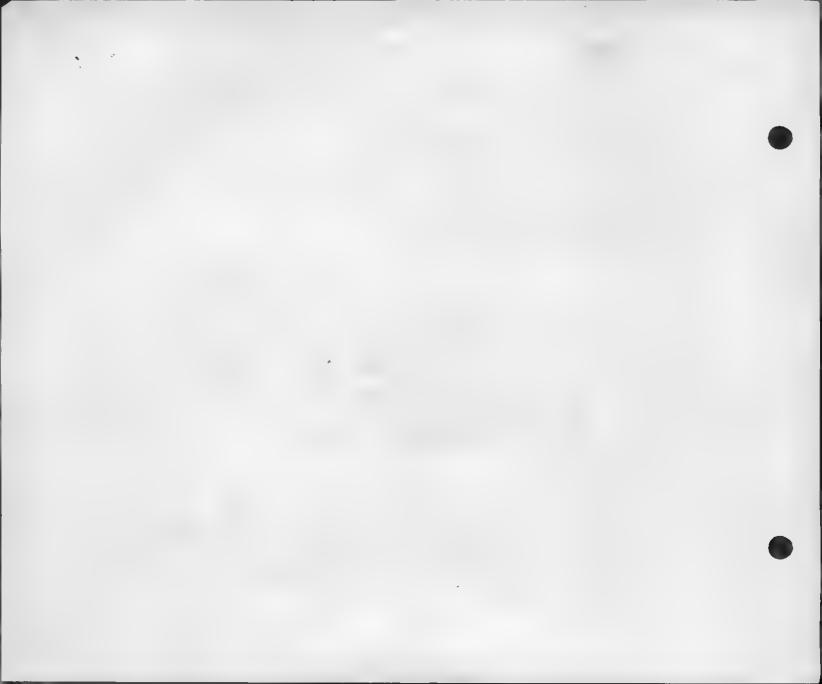
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MONTGOMERY GENERAL HOSPITAL    14  18 COLUMBIA ROAD   YES					
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d NAME OF HOSP TAL OR INSTITUT ON (If not in baspital, give street address)   d STREET ADDRESS   e S ON					
MONTGOMERY GENERAL HOSPITAL    Montgomery General Hospital   14	RES DENCE				
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S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 8 DATE OF BIRTH 9 AGE (n years last birthday) 67 yrs Months Days Ho  FEMALE WHITE WIDOWED DIVORCED 11/29/99 67 yrs Months Days Ho  Lou SUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWIFE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	19 67				
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during most of working life, even if retired)  HOUSEWIFE  INDUSTRY  MARYLAND  U.S.A.  13. FATHER'S NAME	urs Min				
HOUSEWIFE MARYLAND U.S.A.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	AT				
13. FATHER'S NAME					
Data Manager					
EDWARD MUSGROVE BELL MILLSTEAD					
15. WAS DECEASED EVED IN IL S. ADMED EDDECS? 14. SOCIAL SECURITY NO. 17. INFORMANT Address					
(Yes, no, of punknown) (If yes give war ar dates of service)  MEDICAL RECORDS					
	9E WEEN				
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MINTH CON				
DUE TO A TOTAL OF THE PARTY OF					
Conditions, if ony, which gave (b) (b)	wh				
stating the underlying cause DUE TO					
last (c) Laster (c) Laster (c)	1				
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Tactue suggest with I brusers 163	NO V				
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pm 19 of work at work at work at work at work					
	) (we) los				
sow the deceased ance on 5/1/1901, and that death occurred at 4: PM, from couses and on the date stated above					
220 S GNATURE 270 DATE OF MED STAFF 220 DATE OF GNED	177				
MD PHYS DIRECTOR LI PHYS L. S. J. Z. G.					
22d ADDRESS NAME(Type) C.H. LIGON, M.D. SANDY SPRINGS MED. CENTER, SANDY S	PRGS.				
230 BURIAL REMATION, 230 DATE THEREOE 230 NAME ONCEMETERY OR CREMATORY 230 YOCATION (City or Tawn (County))	State)				
24 FUNERA, DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR SI-MAYOR	1.61				
DAMAY 17 1967 gilianies Jus	Lee.				

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospita or attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funerated director page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers Pages 1 and 2 should be filed with the State Dept. of Realth prior to buriol Remation, or removal rand in property, within 72 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06861 CERTIFICATE OF death PLACE OF DEATH 2 USUAL RESIDENCE (Where, deceased lived, if institution Residence before admission) o COUNTY MARYLAND hours ofter Montgomeru 24 hours after LENGTH OF STAY IN 16 I outside corporate limits, write RURA, and give nearest town) IS RESIDENCE ON A FARM? and completely filed in remave/carbon popers popers NO. burial, cremation, or removal, and in any every within . The law requires that the death certificats be executed within NAME OF Nagn DATE Month Year DECEASED (Type or print) DEATH IF UNDER 24 HRS AGE (In veors 6 COLOR OR RACI 7 MARRIED NEVER MARR ED Jast birthday) Months D VORCED WIDOWED 12 C TIZEN OF WHAT 10b KIND OF BUS NESS OR dunty & State or foreign country) please COUNTRY? INDUSTRY ung most of working fe, even if retired) physician Gout MOTHER'S MA DEN NAME attending phys WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO permit. ino, or unknown) (If yes give you or dotes of service) None CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c) ) burial-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO signed ! Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stating the underlying cause by the hospital or attending as the prior tal O FUNERAL DIRECTOR; After this certificate hos been last PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY ed for use and Health p PERFORMED? MEDICAL CERTIFICATION YES 😿 NO 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. ( 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INJURY Month, Doy Year factory, street, office bldg etc.) Hour a.m. While Not While of work ot work O HOSPITAL OR ATTENDIN , 1907, to 1/27, 1900, that (1) (we) last 21 | certify that (1) [this-haspital) Poge 4 may be retained 3 shauld director, page 3 shauld should be filed with the 19 0 7, and that death accurred at 25 074M, from causes and on the date stated above saw the aeceased alive an 22b DATE SIGNED 22o SIGNATURE ATTENDING X M.D. PHYS DIRECTOR PHY5 22d ADDRESS 22c PHYSICIAN S NAME (Type) 230 BUR AL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) REMOVAl (Specify) Rock Creek Cemeteru 250 REC'D BY REG STRAR 2Sb REG STRAR S SIGNATURE ump reu

VR A15 (4) 20 M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled up the funeral arrector, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed with the State Dept of Health prior to burial, crematian, or removal, and in any event, with the State Dept of Health prior to burial, crematian, or removal, and in any event, with the State Dept of Health prior to burial, crematian, or removal, and in any event, with the State Dept of Health prior to burial, crematian, or removal, and in any event, with the State Dept of Health prior to burial, crematian, or removal, and in any event, with the State Dept of Health prior to be successful.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-death

Page 4 may be retained by the hospital or attending physicion.

VR A15 (41 25M 1767

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	36862	CERTIFICATE	OF DEATH		5849
Ī	PLACE OF DEATH COUNTY MCN TacmER4	MARYLAND	2 USUAL RESIDENCE (Who o STATE	ere deceased ved, if artitution b COUNTY	
	write PURA and give rearest/town)	other stay in 16	C CITY OR TOWN (If duts)	de corporate limits with RURAL	ond give nearest town)
	d NAME OF HOSPITA OR INSTITUTION (Final by hospital give street	et address)	d STREET ADDRESS	eadured	IS RESIDENCE ON A FARM YES NO
L	NAME OF DECEASED (Type or print)  NAME OF DECEASED (Type or print)	Middle Cill	hank	4 DATE Month OF DEATH  9 AGE in years	Doy Year  19 6 7  FUNDER 1 YEAR   IF UNDER 24 FRS
	MIDOWED -	DIVORCED B	3-31-56	lost birthdoy) N	lonths Doys Hours Min
du	TUS_AL OCCUPATION (Give kind of work done industries must of working life, even if retired)  10b KIND OF BINDUSTRY	BOSINESS OK	PRHIPIACE (County & S	Land,	12 TITIZEN OF WHAT COUNTRY ?
	John L. Bubank		14 MOTHER'S MAIDEN NA	Mt MACCS	
	MAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes give wor or dotes of service)	, it	FORMANT TO THE STATE OF THE STA	Address	4
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART 1 DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o)	ond (d)			NTERVAL BETWEEN ONSET AND DEATH
MEDICAL CERT FIGATION	(onditions, flony which gave nse to immediate cause (a), storing the underlying cause (b)	semital.	execut al	- Lac	11/2000
	PART II OTHER S GNIFICANT COND TONS CONTRIBUTING TO DEATH  Ongolis: will congeniual has  20% ACCIDENT WAS UNDERLYING II  OR CONTRIBUTING II CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	rt disease			AER TO NO TO ARE AND TO ARE AND AREA ON WED.
	p.m. 19 otwork	lat While at work facto	E OF IN.URY (Home farm iry, street, office bldg , etc.)	201 (C 'y or town)	inty) (Stote)
	21 1 certify that (I) (this haspital) attended the saw the deceased alive an 220 SIGNATURE	e deceased fram	ATTENDING M	M, fram causes an	that (I) (we) last an the date stated above DATES GNED
	22c PHYSIC ANS NAME (Type) U G [+ ALL	IX.D.	22d ADDRESS	Treat Land	* + + + + + + + + + + + + + + + + + + +
	REMOVA. (Specify)	NAME OF CEMETERY OR C	(i redesing	23d LOCATION (City or T wi	(County) (State)
2	TUNERA. DIRECTOR LETT. IT WAS TIME!	ADDRESS, Les	250 RECO E	REGISTRAR 25b REC.	TRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06863 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o COUNTY Montgomery a STATE District of Columbia C LENGTH OF STAY IN 16 b CITY OR TOWN ( flourside carparate limits c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Bethesda (rural) Washington e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL DR INSTITUTION ( finat in hospital, give street address) d STREET ADDRESS Naval Hospital 4418 Albermarle St. YES ND W 3 NAME OF 4 DATE M ddle Last DECEASED A. Figueira Carlos (Type or print) DEATH May 4 6 CDLOR OR RACE B. DATE DE BRTH 9 AGE ( n years 7 MARRIED NEVER MARR ED [X] lost birthday) Months Hours Male Cauc May 4, 1967 WIDDWED 100 USUA, DCC. PATIDN (Give kind of work done 10b KIND DF BUSINESS DR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN DE WHAT during most of yorking life, even if retired) Montgomery Md. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carlos A. Figueira Edna Correira de Castilhofilha Washington 5 WAS DECEASED EVER IN U.S. ARMED FD RCES? 17 INFORMANT Address D.C. 16 SOC A. SECURITY ND (Yes poyor unknown) (If yes give war or dates of service) N/A Carlos A. Figueira, 4418 Albermarle St.N.W. N'ERVAL BE WEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (r))
PART I, DEATH WAS CAUSED BY ONSET AND DEATH Prematurity IMMEDIATE CAUSE (o) DUE TD Multiple congenital anomalies Conditions, Lony which gove ) rise to immediate couse (a). DUE TD stating the underlying couse Trisomy 13-15 19 WAS A TOPSY PERFURMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 100, 200 ACC DENT WAS UNDERLYING [ 20th DESCRIBE HDW INJURY OCCURRED (Enter noture of injury in Port I or Port I of item IB.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, ND TIFY MEDICAL EXAMINER 20d IN. JRY OCCURRED 20e PLACE OF NJURY (Home, form factory, street, office bldg., etc.) 201 (City or town, 20c. TIME OF INJURY Month, Doy, Year 21. I certify that (f) (this hospital) attended the deceased from May 4 , 1967 , to May 4 1967. that (we) lost 19 67, and that death occurred at 1121M, from causer and on the date stated above saw the deceased olive on May 22a SIGNATURE 226 DATE SIGNED 8 May 1967 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) T. E. KELLY, Naval Hospital, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LDCAT DN (City or Town, 23b DATE THEREOF 23a BUR AL CREMAT DN. Transfer Naval Medical School, NYMC Bethesda, Md.

1 250 REC TRAN | 256 REG 5 May 1967

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TO FUNERAL DIRECTOR: After in scentificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta

24 FUNERAL DIRECTOR

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signed by the after burial-transit permit burial, cremation, a

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requires that the death certificate be

HOSPITAL OR ATTENDING PHYSICIAN:



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06864			CERTIF	ICATE	OF DEATH			0685	51	
1	PLACE OF DEATH					2 USUAL RESIDENCE (V		osed ved, finst to	tor Resident	te before d	odmiss on)
	o COUNTY					o STATE Maryla	had	p (0)	Princ	co Co	orgo V
$\perp$		gomery		MARY					FLIM	e Ge	OLRE
	b (ITY OR TOWN ( f or write RURAL and gir	utside corporate limit:	S,	C LENGTH OF STAY	N ID	c CITY OR TOWN (IF ou			UKAL ond g ve	neorest t	CALL
	Silv	er Spring		9 days		Hyatts	sville	9			
	d. NAME OF HOSPITAL (	OR INSTITUTION (If no	ot in hospitol, g	give street oddress)		d STREET ADDRESS				e	RESIDENCE
	Ноју	Cross Ho	spital			3211 7		o Place		YES	ON A FARM?
3	NAME OF	Fil	rst	Middle		Lost	4 DATE	Mo	nth	Day	Year
1	(Type or print)	Fred		J.	F	illah	OF	H May	25, 19	967	19
3		COLOR OR RACE	7 MARR ED	NEVER MARRIED		DATE OF BIRTH .		9 AGE ( n years	IF UNDER 1		F UNDER 24 HRS
	MALE	Cauc	WIDOWED	DIVORCED	느	Sept. 33,19	909	lost b rthdoy) 57 yrs	Months	Doys	Hours Min
10	O USUAL OCCUPATION (GI	ive kind of work done	105 KI	ND OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, or f	foreign country)		IZEN OF W	VHAT
dυ	ring most of working life.	even if retired)	IN	Giant Fo	040	Washingt	on I	n c	COL	UNTRY?	ISA
12	Sea rood	Manager		Grant Fo	ous	14 MOTHER'S MAIDEN I		0.0.		U	/UR
113		9 A. Fi	liah				0 1.8	221277			
							, O 1.8	ruz			
15	WAS DECEASED EVER No. or unknown) (If	US ARMED FORCES?	16	SOCIAL SECURITY NO		NFORMANT			ress		
	es, no, or unknown) [[iii	yes give wor or dotes o	57 service	7-18-473	2 Hr	s. Sallie	F.	Tillah	(air	3 0	e693
H	18 CAUSE OF DEATH	4 (Enter only one so				( , i t					VAL BETWEEN
1	PART I DEATH V					,	- /			ONSET	AND DEATH
	IMMEDIATE CAUSE (0) 13/C/3TERAL FC15 F16 FTC174 3-41144										
	1001	DUE	10								
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nse to immediate couse (a), Stoting the underlying couse DUE TO											
	lost	19 0050	(c)								
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8	PART II GIMER SIGN	CANT CONDITIONS C	UNIKBLING	IO DEATH BUT NOT KEE	ATEU TO I	ME TERMINAL DISEASE COM	יום איטווועא	AEM IN LWK1 (0)		PE	REORMED?
Iz										YES	NO .
CERTIFICAT	200 ACCIDENT WAS UN		205 DE	SCRIBE HOW INJURY OF	CURRED (	Enter noture of injury in	Port or Po	of it of item 18)			
18	OR CONTRIBUTING (IF EITHER, NOTIFY ME										
MEDICAL	20c TIME OF INJURY		20d II	VJURY OCCURRED	20e PLAC	E OF INJURY (Home, form	20f	(City or town)	f(n)	.nty)	(Stote)
	Hour o.m		While	Not While	focto	ry, street, off ce bldg , etc )		,	,		,
~	p. m.	19		k 🔲 otwork 🔲			-		,		
	21 I certify that (I) (this haspital) attended the deceased from										
	saw the dece	ased alive an _	14/1	AY 1952, 0	and that	death accurred at	3:101	M, from causes	and an th	ne date	stated abave
	220 S GNATURE	1/	01	(4)		ATTENDAMO	MED	57455	22b DA	ATĘ SIGNED	1
	1	TEUM!	17. U	10th	- MC	ATTENDING PHYS	MED DIRECTOR	STAFF (	] 5	125	167
	22c PHYSICIAN'S		1/			22d. ADDRESS					1
	NAME (Type)	/		1							
=	J <del> </del>			T and the second	TFA1/ 00	DELL'ESSE	1 001	0/17/01//	- 1	15	Ir.
23	o Burial, (REMATION, REMOYAL(Specify),	23b DATE THI		23c NAME OF CEME				OCATION (City or 1		(County)	(Stote)
	L'ULTUL	5/29/		Fort Li:				Colmar			
2	4 FUNERAL DIRECTOR	taile ts	dune	ADDRESS	t. RE	i ior 250 RECE	BY REGIS	TRAR 2Sb	REGISTRAR'S SI		
	House Ti	CC.	2 0(17.7	.ar	Land	DATMA	131	1967			util.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any evenity within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or ottending physician

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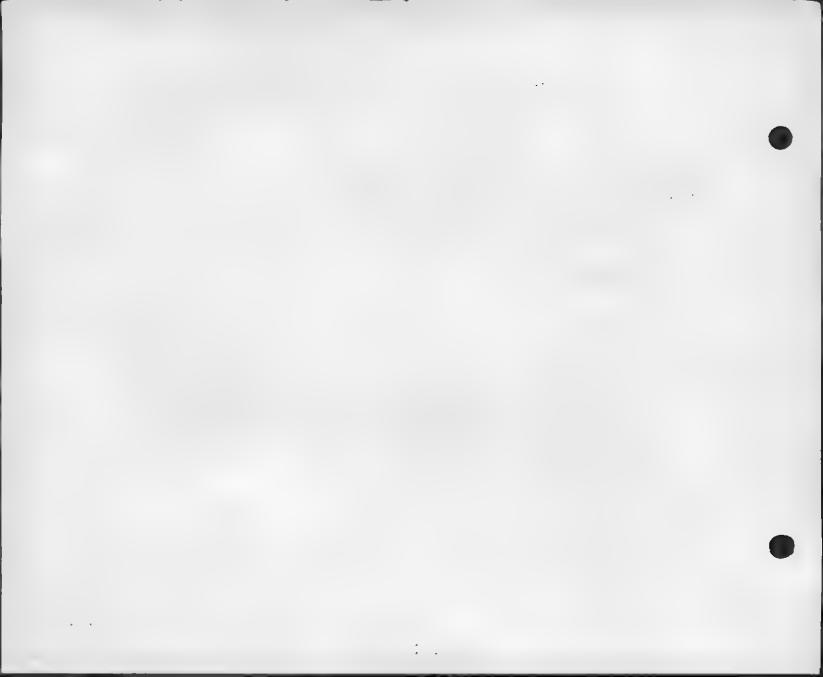
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201-34

## CERTIFICATE OF DEATH

a COLNTY Antomira MARY, AND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a STATE b COUNTY
b CTY OR TOWN (If entities consorate limits, c LENGTH OF STAY IN 16 write RURAL and give secret lown)	C CTY DR TOWN (If autside carparate imits, write RURAL and give nearest town)
d NAME OF HDSPITAL DR. NSTITUTION (I) not in haspital give street address)	d STREET ADDRESS e IS RESIDENCE
Suburban	5310 42nd St. ON A FARMS
3 NAME OF DECEASED (Type or prot) ARKUR P. Fitzge	exald of DEATH 5-30 Day Year 1967
S SEE 6 COLOR OR RACE 7 MARRIED NEVER MARK ED 1 DIVORCED DIVORCED	8 DATE OF BRTH NOU, 15, 1897 9 AGE it years   FUNDER 1 YEAR   IF LNDER 24 HRS
100 USTUAL OCCUPATION (G ve kind of work done during play of warking testing it retired) ) (INDUSTRY STAR New Spe	11 BIRTHP A(E (County & State or foreign country) 12 CTIZES OF WHAT COUNTRY & . Q.
Caprase Fitzgesald	14 MOTHER'S MAIDEN HAME
15 WAS DECEASED (FER IN U.S. ARMED FORKY) 16 SOCIAL SECURITY NO (Yes, no ar unknown) (If yes give war ar dates of service) 578-10-2234	INFORMANT PARTIE - Address
1B CALSE OF DEATH (Enter only one cause per line for (a) (b) and (c) PART I D ATH WAS CALSED BY IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONST AND DEATH ONST AND DEATH
Canditians, lany which gave ) (b) Sier - 2 kald C	internal in link to & 11 was
rise to immediate cause (a), stating the underlying cause last (c)	1 Ac il X Mission Valle 12
PART II DITHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)  19. WA. AND PLY PERFORMED?  YES NO
200 AC' DENT WAS UNDERLY NG ( ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, ND JIFY MEDICAL EXAMINER)	D (Enter nature of Injury in Part I or Part II of Item 18)
	PLACE OF INJURY (Hame form actory, street, office bidg etc.)  20f (Cry or town, (County) (State)
21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	for death accurred at DAM from causes and on the date stated abave.
22a SIGNATURE PORTING	ATTENDING THED STAFF 226 DATE SIGNED  M.D. PHYS DIRECTOR PHYS D
221 PHYSICIAN'S PANDRENS 11	D 22d ADDRESS
230 BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY DE ROCK Creek	
24. FUNERAL DIRECTOR SANS, INC. ADDRESS SANS, INC. DISTRICT	150. DATE DATE DATE OF THE PROPERTY OF THE PRO

E Geath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Pager 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and completely filled in by the director, page 3 should be defoched for use as the burial-transit permit. Then please remoye carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 haurs of VR A15 (4) 25M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL RESI	EARCH AND RECURDS, 30	I W. PRESIUM SIKE	I, BALIIMUKE, MAKTE	AND 21201			
2686	5	CERTIFICATE	OF DEATH		06852			
PLACE OF DEATH					on Residence before admission)			
o COUNTY	Montgomery	MARYLAND	o. STATE	ginia b (0.)	Westmoreland			
6 CITY OR TOWN (	If outside corporate im ts,	c LENGTH OF STAY IN 16		s de comporate limits write RUF				
write RURAL and	d give neorest town) hesda	17 Davs						
	AL OR NSTITUTION (If not in hospital	e e	d STREET ADDRESS	200011	e IS RESIDENCE			
	al Center, Bethe		805 Mon	805 Monroe Bay Avenue				
3 NAME OF	First	M ddle	Lost	4 DATE Mont				
DECEASED (Type or print)	Dewey	Parkinson	Fletcher	OF DEATH May	5 19 67			
S SEX	6 COLOR OR RACE / MARRIED	NEVER MARRED K	8 DATE OF BIRTH	9 AGE (In years last birthday)	Manths Days Hours Min			
Male	White WIDOWED	D YORCED	10 May 1958		Deys (100)			
100 USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	II BIRTHPLACE (County 8	State, or foreign country)	12 C TIZEN OF WHAT COUNTRY?			
during most of working Stude	nt	INDUSTR I	Vir	ginia	USA			
13 FATHER'S NAME			14 MOTHER'S MAIDEN N	AME				
	Joseph J. Fletch	ner e	Не	len Parkinson				
IS WAS DECEASED EVE	ER IN U.S. ARMED FORCES? 16			dical Records	255			
NO NO	(If yes give wor or dotes of service)			enter. Bethes				
18 CAUSE OF D	EATH (Enter only one couse per line fo				NTERVAL BETWEEN			
PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (a) Pul				6 Hours			
2.143	DUE TO							
Conditions if any	, which gove ) (b) Tox.	ic Hepatitis			6 Weeks			
rise to immediat	te couse (o), ( D 15 TO							
fast.	) (c) Acu	te Lymphocytic	Leukemia		3 Years			
PART I OTHER S	GNIFICANT COND TIONS CONTRIBUTING			D T ON G VEN IN PART 1(o)	19 WAS AUTOPSY			
101					PERFORMED?			
2Do ACCIDENT WA	S UNDERLYING [ 205 ]	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in P	ort I or Port II of item 18 )				
	GCT CAUSE OF DEATH 'MEDICAL EXAMINER)			·				
20¢ TIME OF N.		INJURY OCCURRED 2De PLA	CE OF INJURY (Home, form,	20f (City or town)	(County) (State)			
Hour or		e Not While of work	tory, street, affice bldg etc)					
21   certi	ify thatX(N (this haspital) afte	nded the deceased from	18 April , P	67 to 5 May	, 19 <u>.67</u> , that (Y (we) ta			
	./	19 <u>6'7</u> , and tha	it death accurred at_		and an the date stated abov			
220 SIGNATURE	10	.k. 11	ATTENBING	PM STAFF C	226 DATE S GNED			
1 Ju		wein- ( ele m	D PHYS 🔲 I	DIRECTOR LI PHYS 💢	May 5, 1967			
22c PHYSIC AN S NAME (Type		7 NO		Clinical Cen				
- Invite (1 lbe	Roland T. Sk			s of Health,				
230 BURIAL, CREMATIC REMOVAL (Specify	ON 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or To-				
Burial	May /-O/	Round Hill		Winde, King	GeorgeCo., Va.			
Nash & S	Slaw , Ninde, V	ADDRESS	2 2 2 2 2 4		G STRAR S SIGNATURE			
TINGII OF F	22 911210091		D.MAY	9 1967 /	liarles Judge			

TO FUNIRAL DIRECTOR: After this certificate has been signed by the ottending physician and Completely filled in by the Tunera director, page 3 should be detached for use as the bunal-transit permit. Then please remaining carban papers. Pages 1 and 2 should be filed with the State Dept of Health prior to bunal, cremation, or removal, and in any event, within 72 hours ofter death. VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06866 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o COUNTY b COUNTY CLENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RJRAL and give nearest town e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR ASTITUTION (If not in hosp to give street dddress) d STREET ADDRESS Norwood NO 🔽 NAME OF 4 DATE First Month Year DECEASED 19 6 DEATH 6. COLOR OR RACE 9 AGE (In years IF JINDER 24 HRS S. SEX 7 MARRIED lost birthdoy) Months WIDOWED Ob KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? 13 FATHERS NAME 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) [(If yes give wor or dotes of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DJE TO stoting the underlying couse lost WAS AUTOPSY PERFORMED? PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0). NO W 200 ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or lown) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year

Hour om.

foctory, street, office bldg, etc.)

Miami.

21 I certify that (1) (this haspital) attended the deceased from

a car

saw the deceased alive an 220 SIGNATURE

MD

22d ADDRESS

Most 19 6 7, and that death accurred at 1 +07M, from causes and an the date stated above.

23d IOCATION (City or Town

TO FUNERAL DIRECTOR: director, page should be filed VR A15 (4) 25M 1/67

that the death certificate be executed within 24 hours after death.

ATTENDING PHYSICIAN: The law regures

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22¢ PHYS CIAN'S

BUR AL, CREMATION,

NAME (Type)

Our Lady of Mercy Cemetery

1967

250 REC'D 8Y REGISTRAR

256 REG TRAR'S SIGNATURE



A Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATES HEALTH DEPA PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o STATE o. COUNTY Page MARYLAND 810757BK delay Deportment c CTY OR TOWN (If outside corporate limits, write RURA, and give nearest town) wr te-RURAL and give nearest town) after e IS RESIDENCE ON A FARM? d NAME OF HOSP, TA. OR INSTITUTION (If not in hosp to give street address) ierd Court with the State Dep YES NO by 8 Give Pages along with 3 NAME OF Middle DATE Month Year DECEASED OF (Type or print) DEATH NDER 24 HR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE I R Yeur 7 MARRIED NEVER MARRIED last birthdoy) W DOWED event N puo 15a . SUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (State or foreign country) di ring mostrof & orking life, even if retiged), any pencl in Examiner s bages 3 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Ξ File 16 SOCIAL SECUR TY NO 17 INFORMANT Addre res, no or unknown) (If yes give war or dates of service remayal. bending Med c 8 (AUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c) ONSET AND DEATH burral-transit Chief \* PART I DEATH WAS CAUSED BY 0 I . I A HOROLE & WILSON IN .MMED.ATE CAUSE (0) This cert, ficate sham d used as a burial-tra burial, cremation, **DUE TO** Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED NU prior to 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) should PR.MARY TO OF CONTRIBUTING Exhaust fumes of motor lad into room will **EXMMINER:** CAUSE OF DEATH Health or its designated agent, 20t TIME OF NORY Month, Day, Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Home form. 20f (City or town) haur o.m. While factory, street, office bldg , etc.) may be retained for yaur FUNERAL DIRECTOR: Page 1967 at work Parking Lot Page . ot wark necessary, please execute 21. I certify that I taok charge of the remains described above, he d on Autopsy Inquiry Inspection and in my opinion the funeral directar death resulted fram Natura causes Accident Suicide 42 Hamicide Undetermined manner CHIEF MEDICAL EXAM.NER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street) Lity town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BUR AL CREMATION 500 Rockville, Maryland Rockville Cemetery 5/31/67 Tyson Wheeler Funeral Home 1351 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Rock.Pike VR A15ME (5) 6M 1/66 Rockville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



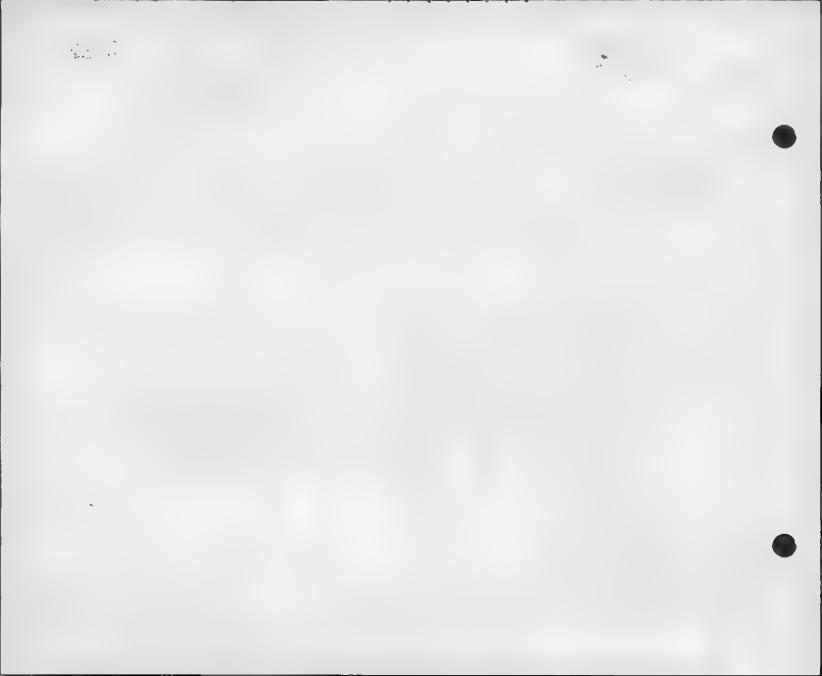
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06868 2 USUAL RESIDENCE (Where deceased led, flinst tution Residence before admission) 1 PLACE OF DEATH o COUNTY b COUNTY Virginia MARYLAND Montgomery c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn) Sterling 23 Davs Bethesda d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (It not in haspital, give street address) Route #2 The Clinical Center, Bethesda, Md. 20014 YES A NO Midd e 4 DATE 3 NAME OF Manth .ast DECEASED OF DEATH May Marion Fulchier Joseph 19 (Type or pnnt) IF UNDER 1 YEAR B DATE OF BIRTH 9 AGE in years 6 (OLOR OR RACE 7 MARR ED NEVER MARRIED last, birthday) Months Hours 23 July 1895 White Ma.l.e WIDOWED DIVORCED 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State or foreign country) 42 GT ZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life even firetired). INDUSTRY Virginia Agriculture 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie Tibbs William Fulchier 17 INFORMANT The Medical Recorders The Clinical 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO (Yes, na, ar unknown) (If yes give war ar dates of service) Not available Center, Bethesda, Maryland 20014 IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (a). DUE TO 16 5 % Carcinoma of left lung 2 years Conditions if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Coronary arteriosclerosis YES KX NO CERTIFICAT 20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home form 20d INJURY OCCURRED (City or tawn) (County) 20c TiME OF NJURY Manth, Day, Year Hour a.m foctory, street, office bldg., etc.) While Nat While at wark of work 19 67 to 20 May 19 (that M) (we) ast 21. I certify that (this haspital) attended the acceased from 3 May 19 67, and that death accurred at 7:22 M from causes and on the date stated above 26 May saw the deceased at ve an\_ 22b. DATE SIGNED 22g SIGNATURE STAFF 2618Ant M D DIRECTOR The Clinical Center, National 22c PHYSICIAN S NAME (Type) Sidney M. Wolfa. Institutes of Health, Bethesda 14, Md 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (County) 31 5-26-67 Chestnut Grove Cemetery, Herndon, virginia 256 REGISTRARS SIGNATUR 24 FUNERAL DIRECTOR

Green Funeral Home, Herndon, Virginia

**ATTENDING PHYSICIAN:** The low regures that the death certificate be executed within 24 haurs after death nan papers Pages k within 72 hours after remove carban completely ond in only pup on, or removal. ‡ † signed by the buriol-transit p os been os the prior to b Page # may be retained by the haspital or attending hos be detoched for use State Dept. of Health certificate After this TO FUNERAL DIRECTOR: director, page 3 should be filed v

VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY b. COUNTY MONT GOMERY MARYLAND b CITY OR TOWN ( f outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate imits write RJRAL and give nearest town) CAPE ST. JOHN d NAME OF HOSPITAL OR INSTITUTION (I not in hospital give street address) d STREET ADDRESS e IS RESIDENCE ROUTE #1 BOX 258 NAVAL HOSPITAL 4 DATE 3 NAME OF First Midd e Month DECEASED IVAN EARL GADDIS MAY DEATH S SEX B DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED IX NEVER MARRIED ost birthday) CAUC 12 DEC 1906 MALE WIDOWED 10o. USUAL OCCUPATION (Give xind at work dane during most of working life, even if retired) 11 BIRTHPLACE (County & State or oreign country) 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OF INDUSTRY WILLIAMSON COUNTY. ILL. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME DAVE GADDIS MAMIE SANDERS 17 INFORMANT RT Add #1 BOX 258 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO MRS. ANNA P. GADDIS CAPE ST: JCHN ANNAPOLI 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) NTERVA, BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH SEVERE ARTERIO SCLEROTIC HEART DISEASE IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove ) rise to immediate couse (o), DUE TO stoting the underlying couse 9 WATALTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 200 ACC DENT WAS UNDERLYING ... 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of inury in Part or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 20f (C ty or town) (Stote) Hour om. Not While foctory, street, olfice bldg, etc.) ot work LJ \_\_, 19,69 that (1) (we) last 226 DATE SIGNED 22o. SIGNATURE 12 MAY 1967 22d. ADDRESS 22c PHYSICIAN'S NAVAL HOSPITAL BETHESDA MARYLAND 23g BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specily) ON NATIONAL CEMETERY 24 FUNERAL DIRECTOR

JOHN M TAYLOR FUNERAL HOME

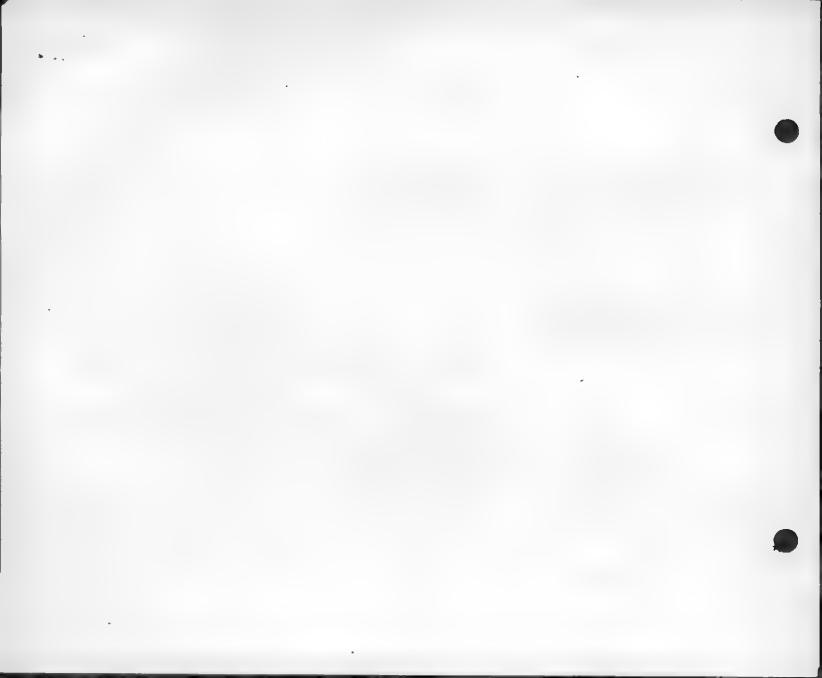


DATE

Olin L. Molesworth, Damascus, Md.

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Page 4 may be retained by the hospital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remove corban papers. Pages 1 endershould be filed with the State Dept. of Health prior to burnal, cremation, or removal, and in any event, within 72 hours often deaths.

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RAL DIRECTOR: After	r, page 3 should be detoched far use as the burial-tra	oe filed with the Stati	

	06872	CERTIFICATE	OF DEATH		06859
	PLACE OF DEATH  (COUNTY 1) on + 9 cmers	-/- MARYLAND	2. USUAL RESIDENCE (W	here deceased lived, if institution: Ri	esidence before admission)
	b CITY OR TOWN (If outs de corporate muts write RURAL and give nearest town)	LENGTH OF STAY IN .b	c CITY OR TOWN ( f outs	s de corporate limits, wr te RURAL on	nd give neorest town)
3	The Jones Mill Rd	Both, Md.	d STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO 🔀
	NAME OF DECEMBED  (Type or print)  SEX  6 COLOR OR RACE   7 MARRIED		DATE OF BIRTHY	4 DATE Month OF DEATH  9 AGE (In years NIFU	Doy Year 15 19 6 7 NDER I YEAR JE UNDER 24 HRS
	F White WIDOWED	D VORCED	12-30-18	14 loss buthday) Mon	nths Days Hours Min
		O OF BUSINESS OR USTRY	Russ	. a	COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
_	ISRAEL FINEBURG		HANNAH		
	WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SO is no ar unknown) (if yes give war ar dates of service)		FORMANT Son	Address	4201
Ĺ	no	Ir	win M. Ger	isberg Cathe	edral Ave.NW
		onchopneum	onia		NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave )				
	nse to immediate cause (a).				
	stating the underlying couse (c)				
	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	HE TERM NAL DISEASE CONF	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
ATION	1	ardiovascu	at the same of the		PERFORMED? YES NO
L CERTIFICATION	206 ACCIDENT WAS UNDERLYING ☐ 205 DESC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	R BE HOW INJURY OCCURRED (	Enter noture of injury in P	ort or Port II of Ifem 1B)	
MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJI Hour a.m. While at work	Not While facto	E OF INJURY (Home, form, iry, street, office bldg , etc.)		(County) (State)
	21. I certify that (I) (this hospital) attended	ed the deceased fram		966, to 5/15	
	saw the deceased alive an 51/12	19 <u>6</u> 7, and that	death accurred at a	7.184 M, fram causes and	
	220 S GNATURES	Bed MD		MED STAFF 2 DIRECTOR PHYS 2	26 DAJE SIGNED
	NAME (Type) G. Lennard Gol	<u>d</u>		Colesville Rd	Sil.Sp.Md.
230	BURIAL, CREMATION 236 DATE THEREOF  BURIAL (SPECIFY) 5/17/67	23c NAME OF CEMETERY OR C Adas Israel		Washin gton,	
24	FUNERAL DIRECTOR	ADDRESS 3501-	14th   250 RES D	BY REGISTRAR 256 REGISTRA	AR 5 SIGNATURE
l B	ernard Danzansky & Son	Is St.NW, Was	h.DC DATE	TO 1001	maye

VR A15 (4) 20 M 1/66





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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真相		PLACE OF DEATH			ceased Lyed, Linstitution, Resider	nce before adm ssian)
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ges		b CITY OR TOWN (if auts de corparate l'mits, write RURAL and que heares) town)	C LENGTH OF STAY IN 16	c CITY OR TOWN ( Factside car	parate limits, write RURAL and giy	er itest town
Pa Pa ours		Wille KOKAL and apprehenred town,	1 / Kes 2019.	Dethe	eda	
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Illed pap nin /	_	Derbucho	Hospital	7404 1	yeth.	YES NO
sly f		NAME OF FIRST	Middle	Last 4 DA	-	Day Year
umplete ve corti		(Type or print) ///wchad		ruy DEA		3/ 19 6 9 YEAR   IF UNDER 24 FIRS
W S S	2	20		DATE OF BRITH	9. AGE ( n years FUNDER Month's	Days Haurs Min
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phy nen novo	2	Tames 4	trorotes	V-41 100	Sochon	/
Te Te		WAS DECEASED EVER NUS ARMED FORCES?		NFORMANT 7	Address	/ /
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t pe		18. CAUSE OF DEATH (Enter only one cause p	er line for (a), (b), and (c))	•	., 11	INTERVAL BETWEEN ONSET AND DEATH
an, by the ransit		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Aspiration pneum	onia		ONSET AND DEATH
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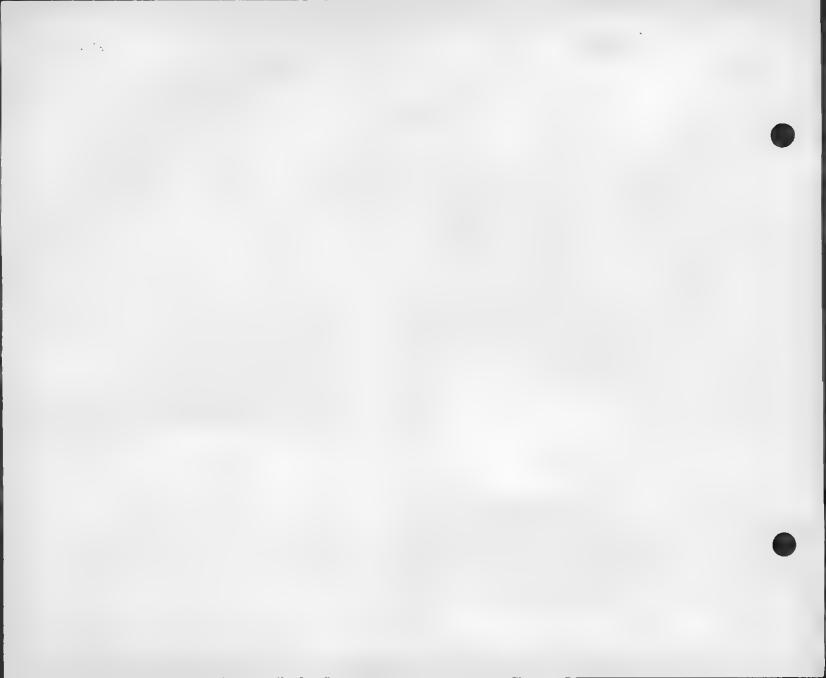
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

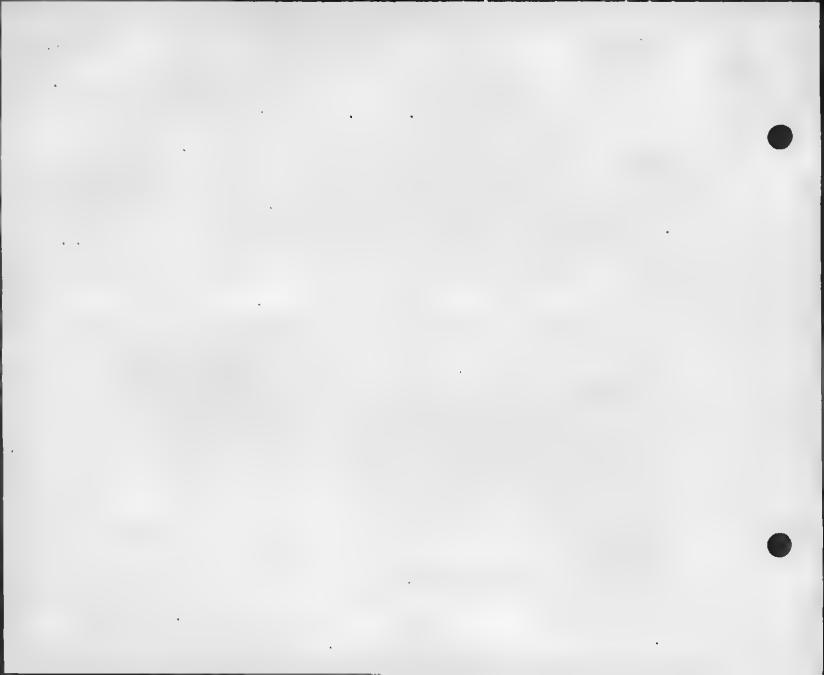
06875 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission) o. COUNTY h COUNTY .... MONTGE MERY b CITY OR TOWN (If autside carparate limits. C LENGTH OF STAY IN 1b E CITY OR TOWN (If obtaide carparate 1 m ts. write RURAL and give nearest town) write RURAL and give negrest town) 145/6 ice V. Know e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (.I nat in hospital, give street address) d. STREET ADDRESS YES NO 7 3 NAME OF DATE DECEASED OF MARGARET DNN 19 . 7 (Type or print) DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspita ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camples. S SEX IF UNDER I YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED 8 DATE OF BRITH AGE (In veors NEVER MARR ED last birthdov) Months Hours WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 12 CT ZEN OF WHAT 10h KIND OF BUSINESS OR 1) B RTHPLACE (County & State or foreign country) during most of working life even if retired). INDUSTRY COUNTRY? HYLL CAN 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME THEMAS NOAH MATHERS L BULH 15 WAS DECEASED EVER N.U.S. ARMED FORCES?
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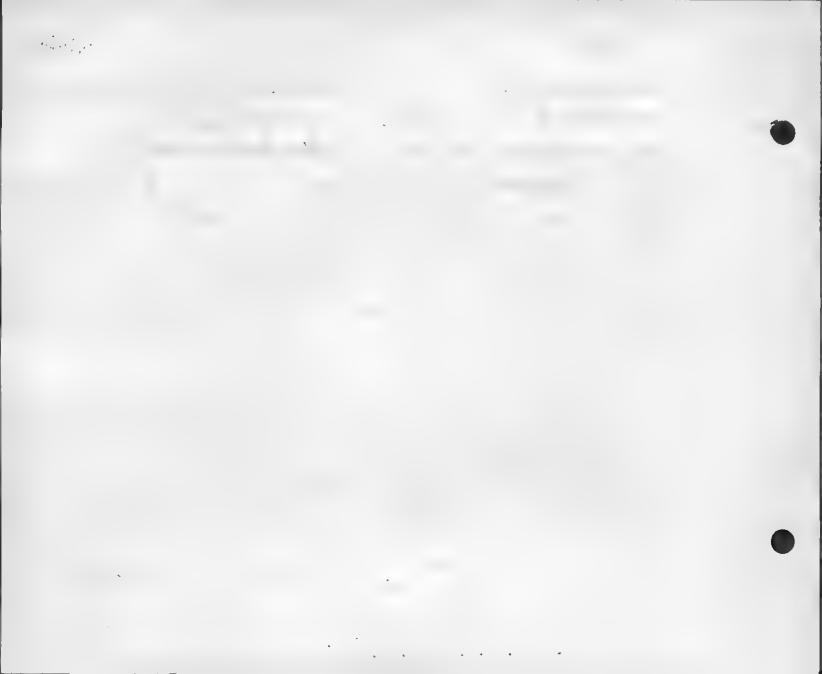
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_ 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	M AUD
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the first of the state of the s	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)   20f. (City or town) (County)   4 to work   20f. (City or town)   20f. (City or town)	(State)
	saw the deceased alive on May 25 196 Z, and that death occurred at 12M, from the dayses and on the day	that (I) (we) last ate stated above.
	22a SIGNATURE  M.D. ATTENOING MED. STAFF 22b. OATE S M.D. ATTENOING MED. STAFF 5/2	6/67
<b>2</b> 4 3 9 9	22c. PHYS.CIAN'S NAME (Type) BORIS RABKIN 22d. ADDRESS LO. 4 University Bland (	- ST =
Page Page direct	BURIAL CREMATION, 23b. CATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
15 ASE 113	FUNERAL DIRECTOR  ADORESS , 25a. REGISTRAR 25b. REGISTRAR'S SIG	MATURE
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MARYLAND STATE DEPARTMENT OF HEALTH -DAVISION OF PITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) MARYLAND CLENGTH OF STAY IN 16 9 Office along with DECEASED (Type or print) DEATH 5 SEX thrift Months WICOWED 72 haurs after death DE KIND OF BUSINESS OR 10g USUAL OCCUPATION (Give kind of work done during working ie even if ret red) Recorator Examiner s 13 FATHER S NAME 14 MOTHER : MAIDEN NAM penc. FIE 'S WAT DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Medical n-See Item 2. Yes, no, or unknown) (If yes give wor or dates of service within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ) \*ransı! ONSET AND DEATH event PART I CEATH WAS CAUSED BY Armte myourrdirl IMMEDIATE CAUSE (o) werd **CUE TO** 116 burial any Conditions if any which gove rise to immediate couse (o). CHE TO stating the underlying couse last 19 WAS ALTOPS) PART I OTHER TISN FITANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED I remayal. 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 11 of Item 18.) 135,4 PRIMARY CONTRIBUTING C CAUSE OF DEATH MEDICAL 2. IN RY 20e PLACE OF INJURY (Home form 1 PF 20c TIME OF INJURY Month, Dov. Year JRREC Hour o.m. While Not While factory, street, office bidg., etc.) at work L. at wark 21 I certify that I took charge of the replic my bu - n death resulted from Natural cause Hamicide Undetermined manner may be retain FUNERAL DIRE CHIEF MEO CAL EXAM NER ACTUAL 22 DATE SIGNED priar SIGNATURE **EXAMINER'S** 5 may TO FUNE Health NAME (Type) 23c NAME OF P MEZ RY OR CREMATORY 23d LOCAPION (City or 230 BURIAL CREMATION 23b DATE THEREO! Repoval Cemetery Joseph VR A15ME (5) Wisc. 6M 1/67 AVE .



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			ceased alive an_		19 6Z, and	that death accurred o	1 0:45 Minram couses	
		220. SIGNATURE	X < /2	almo		M.D. ATTENDING PHYS	MED STAFF DIRECTOR PHYS	22b DATE SIGNED
		22c PHYSICIAN S	) <u> </u>	aime	e re	M D PHYS LLAP	DIRECTOR LI PHYS L	5 2 6 /
		NAME (Type)	L. S. E	Batman.	M.D.		ascus, Md.	
	230	BURIAL CREMATIO	N, 23b DATE TH		7 23c NAME OF CEMETERY		23d LOCAT ON (City or To	rwn (County) (State)
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		Olin	. Moleswo	rth.	Damascus. M	d. MA	Y / 1987 //	Limber Judge

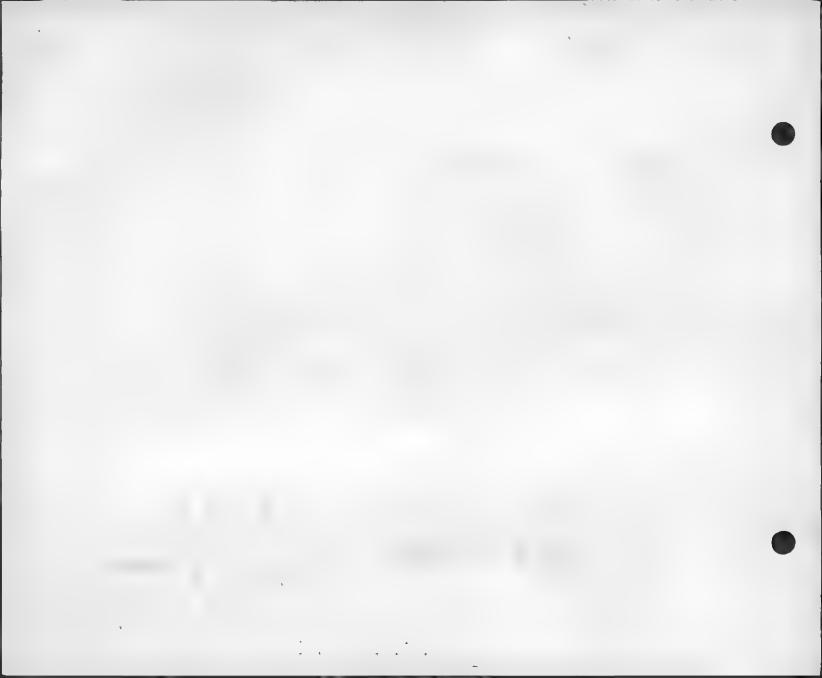


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE	96873 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6865
HEALTH DEPT.	1 PLACE OF DEATH, 2 USUAL RESIDENCE (Where deceased lived 1 institution Re. serve bef.	e udmissiar)
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hours after death compretely filled in by the vector papers. Pages y event, within 72 hours after executed within lease remove carl and in any event, ermit. Then please re on, or removal, and in death certificate be been signed by the attend the Burial-transit permit. or to burial, cremation, or r requires that the The law requires that to or attending physician. certificate has be thed for use a the ot. of Health prior to

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OR ATTENDING I

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TO FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 68 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a, COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest-town) write RURAL and give nearest town OR INST. TUTION (if not in hospital, give street address) d. STREET ADDRESS Middle Last TIATE OF DEATH

e. IS RESIDENCE ON A FARM? NO 3. NAME OF Month DECEASED (Type or print) 196 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED 1 8. DATE 7. MARRIED last birthday) Months | DIVORCED 10b. KIND OF BUSINESS OR (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY2, 13. FATHER'S NAMI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or,unkown) (If yes give war or dates of service) agent 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating the cause underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [ NO 4 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town)

CERTIFICATION MEDICAL Hour a,m,

White Not While at work at work

factory, street, office bldg., etc.)

(State)

19\_6-7, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 6 P.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE

22c. PHYSICIAN'S

FUNERAL DIRECTOR

M.D.

PHYS. DIRECTOR 22d. ADDRESS

PHYS.

NAME (Type)

232. BURIAL CREMATION, 23b. REMOVAL (Specify) DATE THEREOF

NAME OF CEMETERY OR CREMATOR

LOCATION (City, town or county)

(State)

VR A15 (4)

15M 4-64



Items 18&21 MARYLAND STATE DEPAREMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON TREET, BALLIMORE MARYLAND 21201 MEDICAL EXAMÍNER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) MONTGOMERY Mentgomera MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, Write RURAL and give nearest town) s he with t write RURAL and give nearest town) ADDRESS KOCK WILLIE FIXED d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street address) State I REAR HILLS DE PROTORS - HUNGERFORD 3 NAME OF 4 DATE DECEASED OCTS A KD DEATH 8 DATE OF BIRTH 9 AGE 6 10 OR OR RAC-7 MARRIED NEVER MARRIED WIDOWED Exominer's Office 10a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 1) BIRTHPLACE (State or foreign country) during most of working life, even if retired) COLNTRY? CARPENTER PENNA 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, at unknown) (If yes give wor or dates of service) word perding the Chief Med o INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) ) PART I DEATH WAS CAUSED BY ONSET AND DEATH Fatty metamorphosis of liver .MMEDIATE CAUSE (b) DUE TO Conditions, if any, which gave Acute & chronic alcoholism use to immediate couse (a) DUE TO stoting the underlying couse 0 19 WAS ALTOPSY MAR I THER INFORMATION OF RIS TO COLUMN BUT NOT RELATED TO THE TERMINA I'AS, ONCO IN LEVEL OF THE removol, PERFORMED? 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) PRIMARY Dor CONTRIBUTING D CAUSE OF DEATH cremation, 7 20 (City or town) 20c TIME OF JULY Month, Day, Year 20d INJURY OCCURRED 2De PLACE OF INJURY (Home form, (County) Hour a.m. factory, street, office blda etc.) at work at work 2! I certify that I took harge of the ren and described analy, held on Autopa, Xi. - X 1 110,1 9 death reliter to m Nitrol couse Academ Fi Su cide [ ] Undergraph of the or DIRE 2 JATE SIGNED may be re FUNERAL ( prior SIGNATURE DEPUTY MEDICAL EXAM NER G. **EXAMINER'S** John 5 may 8 10 FUNER Address (Street, city, tawn or county) NAME (Type) Gaithersburg. Mot



MARYLAND STATE DEPARTMENT OF HEALTH

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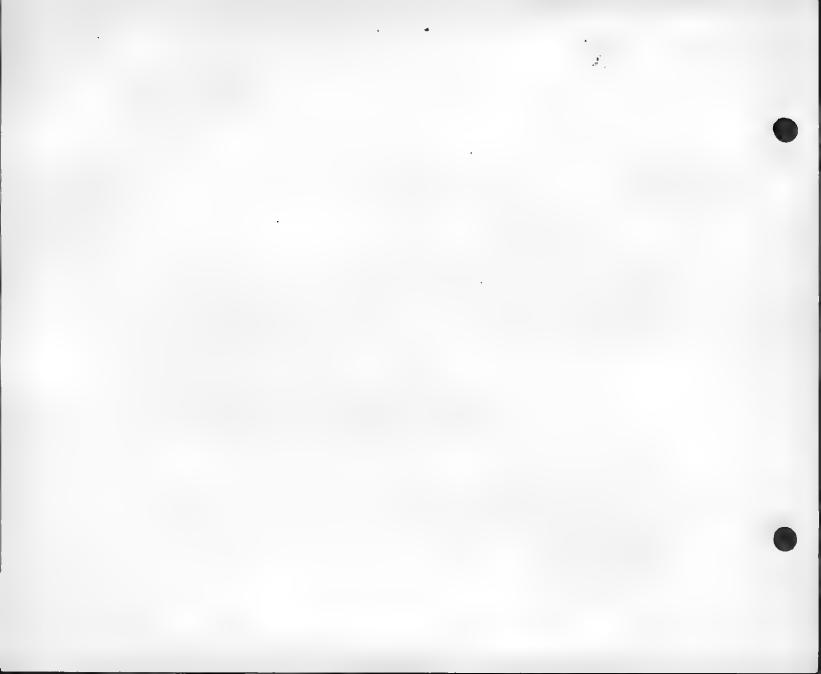
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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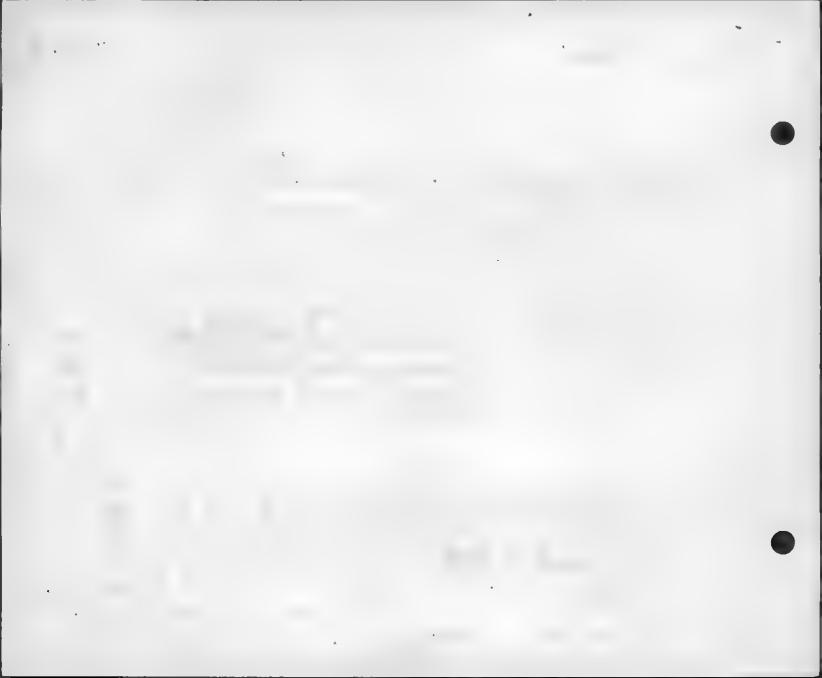
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by the	2		write RURAL and give neorest tawn) Bethesda	115 days	Grand	Rapids	
hot In b	2		NAME OF HOSPITAL OR INSTITUTION (IF		d STREET ADDRESS	2000 10 200 10	e IS RESIDENCE ON A FARM?
24 ope	200		The Clinical Cente	r, Bethesda, Maryland	926 F	ranklin Street	
ures that the death certificate be executed within 24 hours after deat systian.  yistian.  gned by the attending physician and completely filled in by the funeral analytonist permit. Then please remove carbon papers. Pages I and analytic don't	= +1	3	NAME OF	First Middle	Last	4 DATE Montr	
e executed withing and completely fremove carbon	; ))		DECEASED (Type or print) St	encer Leland	Gregory	OF DEATH May	8 19 67
complete		5		7 MARRIED NEVER MARR ED	B. DATE OF B RTH	9 AGE ( n years lost birthdoy)	Months Days Hours Min
xect	>-		Male Negro	WIDOWED DIVORCED	14 July 1934	32 Yrs	WOULDS DOA'S LIGHT WILL
and rem		100	USUAL OCCUPATION (Give Kind of work do	ne 10b K ND OF BUSINESS OR	11 B RTHPLACE (County 8	State, or fore gn country)	2 GIT ZEN OF WHAT COUNTRY?
ote be ician c lease		dur	ng most of working life, even if retired) Social Worker	INDUSTRY YMC A	Ohio		USA
fro ysk		13.	FATHER S NAME		14 MOTHER'S MAIDEN N.	AME	
phy hen	2		Spencer Gr	egory		Mary Linds	av
e death cer attending p	2		WAS DECEASED EVER IN U.S. ARMED FORCE s no or unknown) (If yes give war or dote	S? 16 SOCIAL SECURITY NO 17	INFORMANT The Me	edical Recorde	SS
attend permit	5	1.0	TC (II yes give war or doll	238-28-8913 Th	e Clinical Co	enter, sethesd	la, Maryland
the de	dentarion, or removal,		18 CAUSE OF DEATH (Enter only one				INTERVAL BETWEEN QNSEL AND DEATH
that than. by the tronsit	<u> </u>		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAU	st (o) Pseudomonas Septic	cemia		Z Days
the cian				UE TO			
physici physici signed buriol-f			Conditions, if ony, which gove a series to immediate couse (a).	(b) Bone Marrow Aplas:	ia		o Weeks
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nd nd sheet	2		last.	() Generalized Lymph			10 Months
The atternation	<u> </u>	S	PART II OTHER SIGN FICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	D T ON G VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
		CERTIFICATION		Total and a second as a second as	7F	- L D	YES X NO
PHYSICIAN  e hospital consideration  tached for	Ē	RITE	20o ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCCURRED	(tates noture of injury in P	off for Port for Item 18)	
YSI YSI YSI Terf	<u></u>	AL C	(IF E THER NOTIFY MEDICAL EXAMINER)	20d INTURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f (City or town)	(County) (Stote)
PH The This	2	MED CAL	20c TME OF INJURY Month Doy, Year Hour a.m.	While - Not While fo	ctory, street office bldg, etc.)	201 (city of lowit)	(2,016)
ING No file	2	2	p III	9 ot work at work	Tan 12 W	n/7 An Morr 9	10 (17 +h-+ N) () -
ATTENDIN staned by CTOR: After should be	2		21. I certify that (L) (this h	ospita) attended the deceased fram_ May 8, 19 07, and th	nt death accurred at	2:35M fram causes	and an the date stated chove
TOR house	=		220 SIGNATURE J	7.07, 010		FM	22b DATE SIGNED
A E E	<u>\$</u>		Lier	- La > 2		MED STAFF X	1 3 May 1337
y be y be	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		22c PHYS CIAN'S	1		e Clinical Cen	ter, National
mo mo	90		MAMf (Type) Leroy	Fass, MD.	Institute	s of Health, I	etherda, Md.
TO HOSPITAL OF Page 4 may be TO FUNERAL DIR director, page	) in a	230	BURIAL, CREMATION, 236 DATE	THEREOF 23c NAME OF CEMETERY OF	R CREMATORY	23d LOCAT ON (City or Tov	√n) (County) (Stote)
Page o	S		REMOVAL (Specify) 5/9/			WHEELING V	VEST VA
₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩		24	FUNERAL DIRECTOR	1820 9TH ST	AL W.	BY REGISTRAR 25b REI	GISTRAR'S SIGNATURE
20 M 1/8	6	<u>-رز</u>	11-16, 1, 1. 1.	1820 9TH ST	DAMAY	1 9 1967 40	- Land Sand



1	i c		DEPARTMENT OF HEALTH 301 W. PRESTON, STREET, BALTIMORE, MAR	YLAND 21201
FOR STAJE	06883	MEDŤČAL EXAMINER	S CERTIFICATE OF DEATH	06869
Pages 1 2, and 3 to HTP H form PM3 Page HTP H Stote Department of 22 hours after department of 22 hours after department of 25 hours	PLACE OF DEATH O 'OUNTY F CITY OR TOWN (III utude corporate to the corpora	te limits C LENGTH OF STAY IN In	C CITY OR TOWN IT 221stide corporate m Is, write R  ROCKVI/C  d STREET ADDRESS  14012 Shipper	UNITY -
haurs ofter dea liem 18. G ve Pa Office along with	DECEASED (Type or pnnt)  S SEX  6 CO.OR OR RE  130 JSUAL OCCUPAT ON (G ve kind of wor during most of working life, even if retired	ACE 7 MARRIED NEVER MARR ED TO VORCED TO VORCED TO VORCED TO MARRIED TO VORCED TO VORC	8 DATE OF BIRTH 9 AGE (In gent ost birthdoy)  11 BIRTHP.ACE Stote or foreign country)  12 MOTHER'S MAIDEN NAME	FUNDER I YEAR IF UNDER 2º HRS M'-AB Coys Hour Mo  12 (1) ZEV OF WHAT COUNTRY?
xecuted withinding in penci Medical Examin permit file pa	15 WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (If yes give wor or	dotes of service)  Done couse per ne for (a), (b) and (c)}	INFORMANT Add	dress INTERVAL BITWEEN INSET AND UEATH
te should in the word I to the Ch a buriol-troi		CAUSE (0) ROUGHT STY  DUE TO  (b)  DUE TO  (c)	_nt_rscrc_al_pneumonic	ís.
.2 2 0	ACITA		D THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)	19 WA AUT DE T
AMINER: T e the certifica e 4 should b our fles ge 3 should ogent, prior	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH  20x T ME OF INJURY Month, Doy Hour o.m	Yeor 20d INJURY OCCURRED 2De. P	D (Enter nature of injury in Port I or Port II of item IB)  ACE OF INJURY (Home form octory, street, office bldg , etc.)  2Df (City or town)	((ounty) State)
EPUTY MELICAL EX ssary, please execute funera director Page ay be retained for you NERAL DIRECTOR: Pa th or its designated	21 I certify that I took death resulted from I ACTUAL SIGNATURE EXAMINER'S NAME (Type)	charge of the remons described obove. Natural causes , Accident , S.	CHIEF MEDICAL EXAMINER  ASS STANT MEDICAL EXAMINER  DEBUTY MEDICAL EXAMINER  Address (Siret, Fig. 46W), for county)	22. DATE SIGNED
AL VE WILL (2)	230 BURIA, CREMATION, REMOVAL (Specify)  24 FUNERAL D RECTOR	are thereof  -9-67  230 NAME OF CENTE ERY OF  ADDRESS 47  DEFAIL HOME Wise. Au		Tow (County) (Stote)  OC  REGISTRAR 5 SIGNATURE  GUERNES SUSPENSIONES



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06870 b COUNTY write RURAL and Ove negrest town) STREET d NAME OF HOSPILA 3 NAME OF DECEASED DEATH 2 JATE OF EIRTH MIDOWED Office Chief Medical Examiner's permit. File 17 INFORMANT. DECEA EL EVER + SARMET SEKTETO ST TUNKTOWN, I typengive world total of service 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) oration PART I DEATH WA. AUSED BY MMED ATE CAUSE to Word DUE TO Coronary Thrombosis-Acute Condition if ony, which gove rise to immediate couse (a) DUE TO Arterio Sclerosis-General-O arwarded PART OTHER : INTERIANT CONL ON ONTR BIT NOT DEATH BUT NOT PLEATER TO THE ERMINA F A N " N NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of dem 18) PRIMARY Or CONTR BUTING CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (Eity or town) 20c TIME OF INJURY Month, Doy Year factory, street, office bldg., etc.) Not While 21 I certify that I teak than and in my opinion may be retained far FUNERAL DIRECTOR ACTUAL 22 DATE SIGNED SIGNATURE the funeral **EXAMINER'S** JOHN G. BALL Bethesda, Md. 5 may O FUNEI Health Peters & Broomall Pa Dela. Bethesda, Md Pumphrey YK A ME (5) 1967 Icharles Judge SM 167



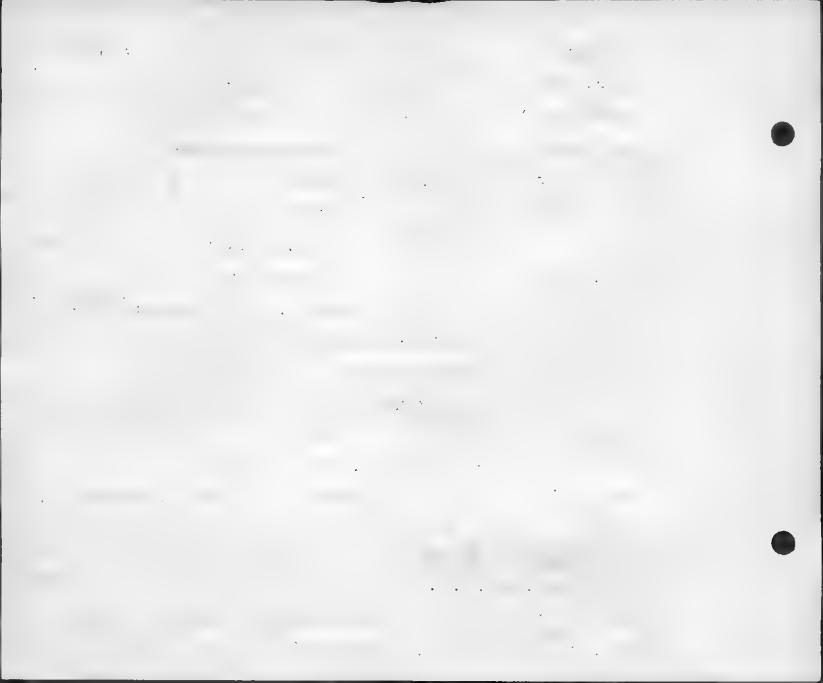
15 May 1967 Llano Estacado Cemetery Amarillo

Road, Suitland, Maryland

Robert E. Wilhelm Funeral Home, 4308 Suitland

Texas

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06886 CERTIFICATE OF 2 death executed within 24 hours after death funeral 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission.) o\_COUNTY o STAT 6 COUNTY haurs after 9 om our MARYLAND OR TOWN (If butside corporate ling c LENGTH OF STAY IN 1b c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) RAL and g (Chearest town) 30M1 d NAME OF MOSPITAL OR INSTITUTION (If Not in hospital give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? paper campletely filled Box YES ZI-NO carban NAME OF M ddle DATE Month Year DECEASED OF DEATH ent 967 (Type or print) S SEX DATE OF B RT AGE (In years IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARR ED [32] remove lost birthdoy) Months M-n and in any WIDOWED D VORCED 30 Bud 12 CT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (County & State or foreign country) requires that the death certificate be please during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME ar remayal, Then attending p WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes no or unknown) ((If yes give wor or dotes of service) INTERMAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per luge for (a), (b), and (c) signed by the burial-transit burial, crematic the PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6)5 attending physician. DUE TO Conditions, if only, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse as the has been lost. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt by the haspital ar ATTENDING PHYSICIAN: 200 ACC 1 ENT WAS UNDERLY NG 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day Year 20d INJURY OCCURRED (City or fown) (Stote) Hour o.m. While factory, street, office bldg , etc.) of work of work 19\_\_\_\_, that (I) (we) last 2) I certify that (I) (this hospital) attended the deceased from , ta\_ Page 4 may be retained and that death accurred at 3:37 M, from causes and on the date stated above saw the deceased alive an 22b DATE SIGNED 220 SIGNATURE MD PHYS D RECTOR ADDRESS 22c PHYSICIAN S 0 HOSPITAL NAME (Type) 234 NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE THEREO LOCATION (City or Town) (County) (State) SREMOVAL (Specify) 25b REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66



single property

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
	0688	23	CERTIFICATE	OF DEATH		06874
	PLACE OF DEATH a. COUNTY		MARYLANO	2 USUAL RESIDENCE (1 0. STATE	Where deceased lived if institution b. COUNTY	Residence betare admission)
		if outside corporate mits d give nearest town)	CLENGTH OF STAY IN 16	c CITY OR TOWN ( + o.	utside corparate limit», write RURAL i	ond give neorést town)
		AL OR INSTITUTION (If not in	nospital, give street address)	d STREET ADORESS	Montannop.	e is restoence on a farm? YES NO
3	NAME OF DECEASED (Type or post)	First	M ddle	Last	4 DATE Month OF DEATH	Day Year
	SEX		MARR.ED NEVER MARRIED 8	DATE OF BRIM		UNDER YEAR IF UNDER 24 HRS on this Days Hours Min
100		Y (Give kind of work done	10b KIND OF BUS NESS OR INDUSTRY Public Health Service	11 BIRTHPLACE (County) New York	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	1 - 11, 6	Jawa	14 MOTHERS MAIDEN	NAME	
15 (Y	WAS OFCEASE O EVE es, no or unknown)	CONTRACTOR OF A LINE OF		NFORMANT	Address	
		EATH (Enter only one couse p TH WAS CAUSEO BY MMFD ATE (AUSE (a)	er The for (o), (b) and (c)) He satiocarcinoma du	le to		.NTER / AL BETWEEN ONSET AND DEATH
	nse to immediate stoling the under	which gave (b) (b) out 10	Cirrhosis liver			1. 7/3.
F/CATION		GNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL O SEASE COL	NDITION GIVEN N PART (0)	19 WA AUTOPSY PERFORMEO? YES 1 NO
CERT		S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b OESCRIBE HOW INJURY OCCURRED (	Enter nature of injury in	Port I or Part II of .tem 18)	
MEDICAL	20c. TIME OF INJ Hour or			E OF INJURY (Home, form ary, street, office bldg., etc		ounty) (State)
	saw the d	fy that (I) (this haspital eceased alive an	al) attended the deceased fram	death accurred at	115 4M fram couses and	
	220 SIGNATURE	Much.	frue me mo		OIRECTOR PHYS	22b DATE SIGNED 5 / 3 / 6 /
	22r PHYSICIAN S NAME (Type		N. JONES		309 Viers Mil. Rockville, Ma	
	a BURIA. (REMATII REMOVAL (Specify	5-6-67	Gate of Hea	aven Cem.	23d LOCAT ON (Ciry or Town) Silver Spr:	ing, Maryland
3	A FUNERAL DIRECTOR	A. PUMPHREY	, Bethesda, Mary	land OAMA	Y 8 1967 FCL	TRANSS GNATURE

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers - Pages and 2 should be filed with the state Dept. of Health prior to bur of, cremation, ar remayal, and in any event, without 2 hours of state-earth. VR A15 (III) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CFRTIFICATE OF DEATH PLACE OF DEATH funeral 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY. b COUNTY MARYLAND Maryland Montgomery

c CTY OR TOWN (If outside corporate limits write RURAL and give nearest fown) 20m) Gomer b CITY OR TOWN (If outs de carporate l'mits. c LENGTH OF STAY IN 16 rs. Pag ! hours ( write RURAL and give nearest tawn) 12 days d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) bon popers within 72 l YES NO TY 125 Monument Street NAME OF Middle 4 DATE Manth Day Year completely DECEASED event. 5 (Type or print) DEATH 19 6 7 S SEX 9 AGE in years F JNDER IF UNDER 24 HRS 8 DATE OF BRTH 7 MARRIED NEVER MARR ED last birthday) in any WIDOWED D VORCED 10b K ND OF BUSINESS OR 11 B RTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) physician en please the death certificate Maryland
14 MOTHER'S MAIDEN NAME U.S.A. Ret Secretary Louise Stone Wolf J. Clifford Wolf attending poermit. The IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECUR TY NO 17 INFORMANT Address (Yes, na, or unknown) (If yes give war ar dates of service) 125 Monument Street Thomas Elwood NO Rockville Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE to) DUE TO Conditions, if any which gave rise to immediate couse (a) stating the underlying cause the WAS AUTUPS PART 1. OTHER SIGN FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA DISEASE CONDITION GIVEN IN PART HEL PERFJRMED NO certrificate 20a ACC DENT WAS UNDERLYING ... 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Part or Part 1 of item '8') OR CONTR BUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 4 20c TIME OF INJURY Manth, Day, Year 20d NURY OCCURRED 20e PLACE OF INJURY (Hame form (Lity or fewn MED Haur a m While Not While factory, street, office bldg., etc.) ATTENDING ot wark at wark 21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that death accurred at fram/causes and an the date stated above DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED 8 MD PHYS director, page should be file 22c PHYSICIAN S 22d, ADDRESS O HOSPITAL TO FUNERAL 809 Veirs Mill Road, Rockville, Md. Stephen Jones. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION City of Tawrin 23b DATE THEREOF 23a BURIAL CREMATION REMOVAL (Spec fy) Harmon Church Cemetery Potomac Montgomery Maryhan Burial 2Sb REG STRAR & TIGNATURE 24 FUNERAL DIRECTOR ADDRESS 2Sa RECD BY REGISTRAR VR A15 (4) 1331 Rockville Fike Tyson Wheeler Funeral Home 25M 1767 Rockville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06890 requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Resident PLACE OF DEATH P COUNTY a COUNTY b CTY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) write RURAL and give nearest town) . 6 423 S RES DENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITA, OR NSTITUTION I fingt in haspital give street address) KR ON 4 DATE 3 NAME OF Last Day DECEASED dauc on DEATH Type or print) 8 DATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED (ask birthday) Hours intita WIDOWED 12 CITIZEN OF WHAT OF KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 10p USUA, OCCUPATION (Give kind of work done during most of work ng fe even if retired) NOUSTRY 2 str ction 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME Canal Fresh IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes na, ar unknown) [If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immed ate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of term 18) 20a ACC DENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (1F EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) at work , 1964, to 3-1'-67, 19, that (1) (we) last 22b. DATE SIGNED 22a SIGNATURE 5-11-17 MD director, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 11,000 90, 1400 900 . 18 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a BURIAL, CREMATION REMOYAL (Specify) FIRST Sincoln Comotony -24 FUNERAL DIRECTOR VR A18 (4)

20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06891 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) MARYLAND CITY OR TOWN (If outside corporate mits write RURAL and give nearest town) E LENGTH OF STAY N 1h CULY OR TOWN (If outside corporate I mits write RURAL and a ve nearest (DAn) NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) NAME OF Middle First Lost DECEASED OF DEATH (Type or print) S SEX AGE (In 7 MARRIED NEVER MARRIED lest birthdoy) cremation, or removal, and in any WIDOWED DIVORCED 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) physician elen please COUNTRY? 13. FATHER'S NAM IS WAS DECEASED EVER NUS ARMED FORCES? Quintana Dr. Bethesda 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per Leg for (o) (b) and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET, AND DEATH IMMEDIATE CAUSE (o) J DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse has been 19 WAS AUTOPS PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 NO X 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in ary in Port or Port 1 of tem 18) 20o ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TiME OF NILRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY Home, form 20f (( by or town) Hour o.m. Not While While foctory, street, office bldg, etc.) ATTENDING of work 21. I certify that (I) (this haspital) attended the deceased fram 1942 ta 5 1967, that ( ) (we) last. 1967, and that death accurred at 78 M, fram causes and an the date stated above saw the deceased alive an 5/19 O FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE S GNED M.D 222 PHYSIC AN S 22d ADDRESS 4709 Montgomery Lane PAUL D. CANTOR NAME (Type) Bethesda, Maryland should 230 BUR AL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Cedar Hill Cemetery Suitland, Maryland 5-23-67 24 FUNERAL DIRECTOR ADDRESS 25h REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR PUMPHREY, Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

26000 CERTIFICATE OF DEATH 06877

	00036	T T T T T T T T T T T T T T T T T T T					
1	PLACE OF DEATH G. COUNTY	2 USUAL RESIDENCE (Where deceased I ved, first tution Residence before admission) a. STATE b. COUNTY					
	MARYLAND MARYLAND	a. STATE D. C. b. COUNTY					
	b CITY OR TOWN ( f autside carparate limits,   c (ENGTH OF STAY IN 1b	c CITY OR TOWN (1 autside carpgrate limits, write RURAL and give nearest tawn)					
	the RURAL and give nearest tawn)  14 16 mo	Mashington -					
	d NAME OF HOSPITAL OR INSTITUTION (finat in haspital, give street address)	d STREET ADDRESS  e IS RESIDENCE ON A FARM?					
L	Kensington Gardens	3636, 16 ST YES NO					
3	NAME OF DECEASED (Type or print) March Lette A	Henry OF Manth Day Year 8 1967					
7	SEX 6 COLOR DR RACE / MARRIED NEVER MARR ED 1	DATE OF BRITING A AGE (n year) IF_NDER 1 YEAR FUNDER 24 HRS   OR 2   1892   Hours Mr					
	USUA. OCCPATION (Give kind of work done ing most of working life, even if retired)  Housewife  USUA. OCCPATION (Give kind of work done ing most of working life, even if retired)  Housewife  Home	11 B RIHP ACE (County & State, ar fare gn country)  12 CITIZEN OF WHAT  20UNTRY 24					
13	FATHERS NAME Lames J. Connor	14. MOTHER'S, MAIDEN NAME					
198	WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURITY NO. 17 1	NFORMANT Address					
144	es, no or unknown) (It yas give war at dates of service)	Francis J. Henry Arlington, Va.					
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH					
	conditions, fany, which gave, (b) quelabiged anteriote evoxis 2 yrs						
	rise to immediate cause (a),	an an recipient story					
	stating the underlying cause (c)						
ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0)  9 WAS A TOPSY PERFORMED?  YES NO					
L CERT F CATION	20a ACC DENT WAS UNDERLYING ☐ 20b DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18 )					
MEDICAL		CE OF NJURY (Hame, farm, 20f (Crty ar tawn) (Caurty) (State) ary, street, office bldg., etc.)					
	21. I certify that (I) (this haspital) attended the deceased fram	, 1960 pta, 19, that (I) (we) last t death accurred at 7:20 M, fram causes and an the date stated above					
	220 S GNAFARE	22b DATE SIGNED					
	1. I compact Mc	ATTEND NG PHYS D STAFF STAFF STAFF STAFF					
	PAZZE PHYSICIANIS S. J. RANDALL, RIB	3001 VeazenTen. NW.DC					
23	BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR REMOVAL (Specify)	Let me de la					
_	13181144 May 17 1067 HELINGTON /	ATIONAL CENT MELINGTON, PA.					
2	FUNERAL D RECTOR THE FUNERAL DESTRUCTION ADDRESS 3 901 No.	HISTORY 250 RECO BY REGISTRAR 256 REGISTRAR'S SIGNATURE					
11.	all alche a Francis wet the acc Ball dotter	VA. PATE MAY 12 1987 Charles Junger					

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and complishely filled in by the foreignal director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 edgishould be filed with the State Dept. of Health prior to buriol, cremation, ar remaval, and in any elementation to be described. Page 4 moy be retained by the haspital or ottending physician. VR A15 (4) 25M 1/67

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death



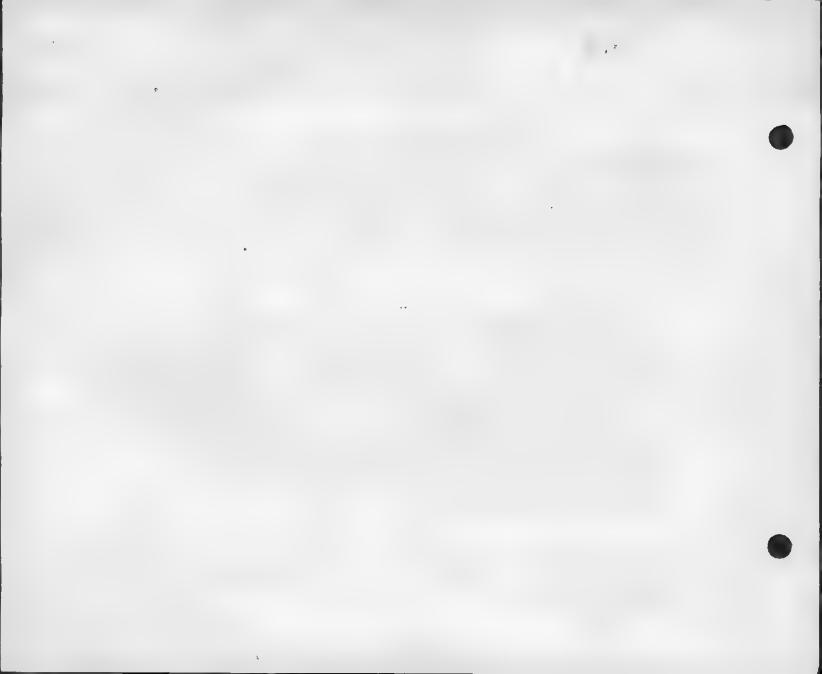
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.  Page 4 may be retained by the haspital or attending physicion.  TO'FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and emove carbon papers. Pages 1 and 2.  TO'FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and emove carbon papers. Pages 1 and 2.  After the state Dept. of Health prior to buriol, cremation, or remayal, and hany-event, within 72 hours after death
2 2

	26893	CERTIFICATE	OF DEATH		06878
	PLACE OF DEATH			re deceased lived, if institution	Residence before admission)
	o COUNTY , 1	MARY, AND	o STATE	J. P CONVIA	· lunhin
	b CITY OR TOWN (If outside corporate limits	c LENGTH OF STAY IN 16	L 1/2	le corparate limits, write RURAL	
	write RURAL and give-nearest town)	2 ,	, and the second	_	. Old give heorest tawn)
	DILVER DOLING	Y days		NCTON	47.
	d NAME OF HOSPITAL OR NST TUTION ( final in has	pital give street oddress)	d STREET ADDRESS	<b>—</b> 1	Wie IS RESIDENCE
	lidy (Ross CF)	Jilir Dulin.		ANVITPL	3 1 YES NO
	NAME OF Frst DECEASED Frst	M-dd e	Lost 4	DATE Month OF	Day Year
	(Type or print)	+ 11+	K 36 1	DEATH IN A LA	7 19 6 1
S	SEX 6 COLOR OR RACE 7 MAI	RRIED NEVER MARR ED B	DATE OF B RTH		IF UNDER 1 YEAR   IF UNDER 24 HRS
ŧ	PAR PERC WIDE	OWED D VORCED	11/8/05	last 6 rthdoy)	Months Doys Hours Min
		10b K ND OF BUSINESS OR	1) B RTHPLACE (County & St	ate or fare gn country)	12 CITIZEN OF WHAT
duri	ing most of working fe, even if retired) TRUCK DRIVER	NOUSTRY RETIRED	MARYLAND		OSARY?
13.	FATHER'S NAME	1100	14. MOTHER'S MAIDEN NAM	IE .	
	UNKNOWN		SALLIE		
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOC AL SECURITY NO 17 II	FORMANT	Address	
(∀€	es, no or unknown) (If yes give wor or dates of service	:)[	SARAH H. HENS	ON WIFE 13	08 RAMODLPH ST.
_			ZARAH III IICITO		
	18 CAUSE OF DEATH (Enter only one cause per leading part ! DEATH WAS CAUSED BY	pre far (a), (b), and (c).)	A		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	nacimera wer	7		
	DUE TO	6 1	Amra,		115
	Canditians, if ony, which gove } (b)	The CHE JUICE	CERCINA	THECK	190
	rise to immediate couse (o), DUE TO	7			//
	last. (c)	1			
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO TO	HE TERMINAL D SEASE CONDIT	ION GIVEN N PART 1(o)	19 WAS AUTOPSY
9	to lighter and at	10 1190 : 000	2 4 3	ion diver i i i i i i i i i i i i i i i i i i i	PERFORMED?
CAT	Lelaurar cours	a a / production			YES 🔼 NO 🔲
RTIF	200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIPE HOW INJURY OCCURRED (	Enter rioture of injury in Part	For Port II at term 1B)	
9) ]	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
JCA EA			E OF INJURY (Home, form,	20f (City or town)	(County) (Stote)
MEDIC	Hour o.m.	While Not While of work of work	ry, street, office bldg , etc.)		
	21. I certify that (I) (this haspital)		richanny 10.	the to May ?	
	saw the deceased alive an				id an the date stated above
	220 SIGNATURE	To T, and Mar	dedili decolled dita		22b. DATE SIGNED
	220 SIGNATURE X - 2 2	MD MD	ATTENDING ME		And a
	20. DILVERGANE		PHYS DIR	RECTOR L PHYS L	1715-111
	22c PHYSICIAN'S NAME (Type) C ) A 1 1 5		220 ADDACSS 1		3 3 7
		Jane I am		Property of the	7, ",
230	BUR AL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d LOCAT ON ICETY or Town	) (County) (State)
	REMOVAL (Specify) 4-11-65	mt Clerge	( Comin )	. 4-4	C'C
24	LA LINERAL DIRECTOR	ADDRESS	250 REEDER	REGISTRAR 256 REGIS	STRAR S SIGNATURE
	Triby to Ky	· second tour	DATE	יי דבו ומסו דב יי	- the second is



VR A15 (4) 25M 1/67

06894		CERTIFICATE	OF DEATH		05879
PLACE OF DEATH					dence before odmission)
o. COUNTY	77	MARYLAND	Pool Pool	esville. Md.	monto.
b. C TY OR TOWN (If outside corp	orote mits   c LENG	GTH OF STAY IN 16			give neorest toying
		124 1. 3	}		U
		t oddress)	d. STREET ADDRESS		e S RES DENCE
					YES NO
. NAME OF	First	Middle	Last	4 DATE Month	Day Year
(Type or print) Be	ulah Kazier Hi	ckman		DEATH MAY	3 19 67
		DIVORCED 🔲		Yrs Yrs	
On USUAL OCCUPATION (Give kind of luring most of working life, even if reti		USINESS OR	11 BIRTHPLACE (County		COUNTRY?
House-wife	2 USUAL RESIDENCE (Where decreased levels of institution)   2 USUAL RESIDENCE (USUAL RESIDENCE (USUAL RESIDENCE (Where decreased levels of institution)   2 USUAL RESIDENCE (USUAL RESIDENCE (USUAL RESIDENCE (Where decreased levels of institution)   2 USUAL RESIDENCE (USUAL				
13 FATHER S NAME			14 MOTHER'S MAIDEN I	NAME	
			Susan S	titley	
		30-2609 Md	ical Record	s.Monig. Reneral I	Tospital.
		and (c))			
PART I DEATH WAS CAUSE	ATE CAUSE (0) dulta	- ayarru	und. Car	Willowa -	Sc. 2665
		Mille		75.	,
Conditions, flony, which gove	(b)	14 12	7		
stating the underlying couse	DUE TO				
lost	(4)				
PART I OTHER SIGNIFICANT (O	DIT ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERM NAL DISEASE COM	NDITION G VEN IN PART 1(0)	19 WAS AUT OPSY
7 eres	induct lu	Ty a sed	15 12 WLEL	un collect.	
200 ACC DENT WAS UNDERLY NG					
20c. TIME OF INJURY Month, D	by, Year 20d INJURY OC				(Stote)
< 1			ory, street, office bidg., etc.)		
21 I certify that (I)	(this hospital) attended the	deceased from	10-119	962 to 200 , 3.1	94 7 that (I) (we) las
saw the deceased ali	ve an Weary 3	1962, and that	death accurred at		
220 SIGNATURE	1 1		ATTENDING S	AMED CTARE	- by / 1/2/ Pd
C. 5 7.102 10	le exelica	KE MD	PHYS C		ay 5 1767
22c. PHYSICIAN S NAME (Type)		1	Par 1	touille - Mid	Autour
TOTAL COLMAN ON LOOK	DATE THEREOS I on-	MAME OF CENTERY OF			(County) (State)
REMOVAL (Specify)	11111 M	n .		Bearing	in To You
24_E.INERAL DIRECTOR	0/0/0/	1 -1 -1 -1		D BY REGISTRAR 25b REGISTRAR	SIGNATURE PISAL
11 1	Helton A.	* 40 1 200	. //	V O. ADDIZ	was Juster
City Court Co	31000-10 00		// URIL	1	· · · · · · · · · · · · · · · · · · ·



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages Land 2 shauld be filed with the State Dept, af Health prior to buriol, cremation or removal, and in any event, within 72 hours pitted death. TO MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital or attending physician.

			W. PRESTON STREET, BALTIMORE, MARTEAND 2				
6	6895	CERTIFICATE	OF DEATH	02880			
	PLACE OF DEATH MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived, if institution Residence of STATE Maryland b COUNTY N	dence before admission)  Montgomery			
	b CITY OR TOWN (If outside corporate I mits write RURAL and give nearest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carparate m ts, write RURAL and	g ve nearest town)			
	Chevy Chase	9 Years	Chevy Chase				
	d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital,		d. STREET ADDRESS	e S RES DENCE ON A FARM?			
	7101 W. Greenvale Par		7101 Greenvale Parkway				
	NAME OF DECEASED SUSIE	B I-	Lost 4 DATE Month OF DEATH MAY 7	Doy Year 7			
1	SEX 6 COLOR OR RACE / MARRIED WHITE W DOWED	DIVORCED J	an. 4, 1876 91 orthoday) Months	Days Hours Min			
4 10c di :		KIND OF BUSINESS OR NDUSTRY		COUNTRY?			
	FATHER'S NAME David Franklin Baird		14 MOTHERS MAIDEN NAME Elizabeth Wagner				
15 (Y	WAS DECEASED EYER IN US ARMED FORCES?  16 (f yes give war at dates of service)  No		NFORMANT Daughter Address Same as	s Item 2.			
	18 CAUSE OF DEATH (Enter only one couse per ne for (a) (b) and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Cond t ons if ony, which gove rise to immediate cause (a), stoting the underlying cause (b)  Institute of the underlying cause (c) (c)  Cond to ons if ony, which gove (b)  DUE TO  Cond to ons if ony, which gove (b)  Cond to ons if ony, which gove (c)  Cond to ons if ony,						
NO	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19 WAS AUTOPSY PERFORMED?						
CERTIFICATION	YES NO  ACCIDENT WAS DIVIDENTING TO  OR CONTRIBUTING TO ACCIDENT WAS DIVIDENT OF DEATH  If FITHER, NOTIFY MEDICAL EXAMINER)  TO ACCIDENT WAS DIVIDENT OF DEATH  If FITHER, NOTIFY MEDICAL EXAMINER)						
MFDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m. 19 While of wa	e Not While fact	ary, street, affice bldg., etc )	(State)			
	21. I certify that (I) (this hospital) attended the deceased from Mouris, 1967, to MAY 23, 1967 that (I) (w) la saw the deceased alive an MAY 23 1967, and that death accurred a 16.26M, from causes and an the date stated above						
	220 SIGNATURE PROPERTIES	n, MiD. MI	D ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS	24 23, 1967			
	22c. PHYSIC ANS NAME (Type) B.R. COOPE	RMAN, M.D.	1302-18 St. NW. WAS	sh.DC.			
E	DE BURIA. (REMATION 230 DATE THEREOF REMOVA (Specify)		le Cemetery Davidsonv				
	4 FUNERAL DIRECTOR	ethesda, Mary	Land MAY 2 4 1967 Wiles	S SIGNATURE			



06896 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hour-after death. USUAL RESIDENCE (Where deceased lived, if institution. Residence before oam ssion) 1 PLACE OF DEATH b. COUNTY a. COUNTY n. STATE Virginia Montgomery MARY, AND b CITY OR TOWN ( f outside corparate imits, C LENGTH OF STAY IN 16 c CTY OR TOWN (if autside corparate limits, write RURAL and give nearest town) wibethersda wordratal) 83 days Doswell d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE campletely filled r RFD #1. Glamorgan Naval Hospital YES 3. NAME OF Middle Lost 4 DATE Month DECEASED Lunsford HUNTER OF May 67 Lomas (Type or print) DEATH y event IF UNDER I YEAR S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARR FD NEVER MARR ED last durthdoy) Aug.27, 1888 Male Cauc W DOWED rem 2 CIT ZEN OF WHAT 10b KIND OF BUS NESS OR 11. BIRTHPLACE (County & State or foreign country) 10g JSUAL OCCUPATION (Give kind of work done COUNTRY? Navy -- Racing Farm INDUSTRY egse attending physician permit Then please Doswell, Virginia TISA 14 MOTHER'S MA DEN NAME 13 FATHER'S NAME remaval, Lucy Pearce Charles M. Hunter 17 INFORMANT Address Virginia IS WAS DECEASED EVER IN L. S. ARMED FORCES? 16 SOCIAL SECURITY NO Doswell (Yes, no, or unknown) (Iff yes give wor or dates of service) Ь 228 42 9453 Mrs. Marian Hunter, RFD#1, Glamorgan TO FUNERAL DIRECTOR: After this certificate has been signed by the atterdirector, page 3 should be detached far use as the burial-transit pernishauld be filed with the State Dept. of Health priar ta burial, cremat.on, 18 CAUSE OF DEATH (Enter on y one couse per ne for (a) (b) and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY. Bronchial pneumonia MMED ATE CAUSE (a). by the haspital ar attending physician. DUE TO Recurrent adenocarcinoma of colon with metastases (and tians if any, which gove rise ta immediate cause (a). DUE TO stating the underlying couse lost 19 WAS ALTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES X NO 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I of Item 18) 200 ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL ( (Stote) 20c TIME OF INJURY Month, Day, Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (City or fown) foctory, street, office bldg , etc.) Hour a.m. Nat While of work TO HOSPITAL OR ATTENDING Page 4 may be retained by the ot work 21 I certify that (4) (this haspital) attended the acceased from Feb. 22 1967, to May 16 , 1967, that (4) (we) last saw the deceased alive on May 16. 19 67, and that death accurred at 750P M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** 17 May 1967 M.D. 22d ADDRESS 22c PHYSICIAN S Halbert E. ASHWORTH, M. D. NAME (Type) Naval Hospital, Bethesda, Md. 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23b DATE THEREOF (County) (Stote) 23a. BURIAL, CREMATION REMOVA (Specify) 5-18-1967 Old Fork Episcopal Church Doswell Virginia Cometery 250 RECD BY REG STRAR 24 FUNERAL DIRECTOR Jos. H. Gawler & Sort BORESS 25b REGISTRAR'S SIGNATURE VR A15 (4) 5130 Wisconsin Ave., N.W. Washington, D.C. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

36897 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence betage admission) o COUNTY . MARYLAND CITY OR TOWN (If outside corporate LENGTH OF STAY IN 16 CITY OR JOWN write RURAL and give newest town) NAME OF HOSP TAL DR. INSTITUT ON (If not in hospital, give street address) d. STREET .⊑ NAME OF M ddle DATE Lost DECEASED 0F DEATH O HOSPITAL OR ATTENDING PHYS. IAN: The law requires that the death certificate be executed Page 4 may be retained by the harpital or attending physican 6 COLOR OR RACE MARR ED NEVER MARR ED In any eve Months b rthdoy) Hours WIDOWED 100 LSJAL OCCUPAT ON (Give kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even fret red) INDUSTRY physician and 13 FATHER S NAME 14 MOTHER'S MAIDEN remaya 15 WAS DECEASED EVER NUS ARMED FORCE 17 INFORMANT (Yes, no, ocunknown) [If yes give wor or dotes of service] 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, fany which gove rise to immediate cause (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO T 200 ACCIDENT WAS UNDERLYING L 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of inury in Port or Port il of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAMINER) MEDIT AL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) After th s Hour am. Not While factory street, office bidg etc.) at work 21. 1 certify that (1) (this haspital) attended the deceased from O FUNERAL DIRECTOR: and that death accurred at 25A M, from causes and on the date stated above. spw)the deceased alveran 226 SUBMATUREN 226 DATES GNED ATTENDING DIRECTOR PHYS directar, page shauld be filed PHYSICIANS olumbia Boulevard NAME (Type) Sengstack 230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify)

VR A15 (4)

within 24 hours after death

Tyson Wheeler Funeral Home

Parklawn Cemetery 1531 Rockville Pk.M. Rockville, Maryland

Rockville, Montg. Maryland



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

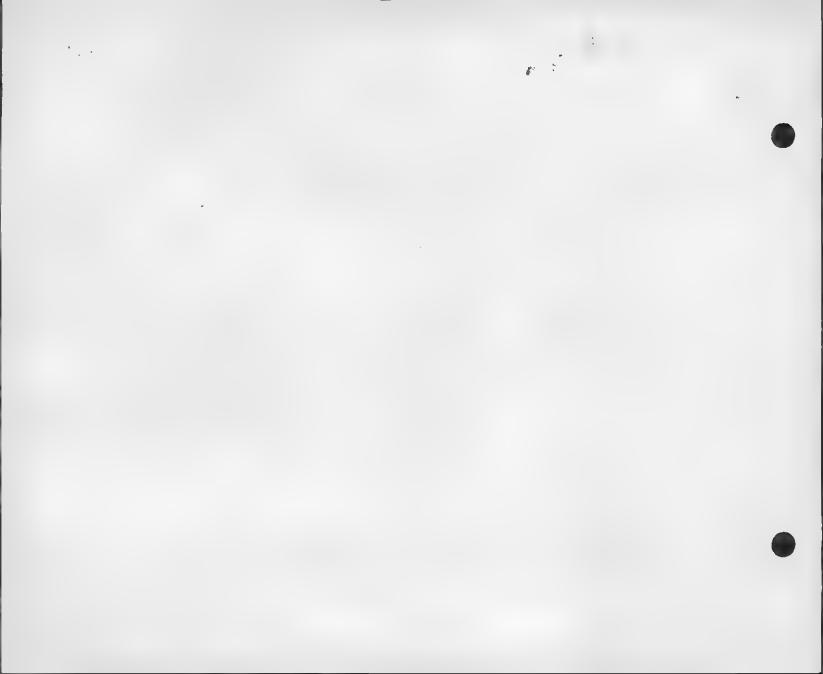
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### CERTIFICATE OF DEATH

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PERFORMED?  YES NO  20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c T ME DF INJURY Month, Day, Year  Nour a m.  19		ŀ	- ''-	PHTING TO DEATH BUT NOT BUATED TO	THE TERMINA DISEASE CONDITION COME	A IA DADT I(a)
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OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c T ME DF INJURY Manth, Day, Year  While At While at work  21 1 certify that (I) (this haspital) attended the deceased from 1 - 19 6 1 that (II) (we) last saw the deceased alive an 19 6 7, and that death accurred at 0 19 M, fram causes and an the date stated above 22a SIGNATURE 7  22a SIGNATURE 7  22b PHYSICIAN'S NAME (Type) How 1 - 19 6 7 that (II) (we) last 22d ADDRESS NAME (Type) How 1 -		2.3				
20c TME DF INJURY Mann, Day, Year    20c TME DF INJURY Mann, Day, Year   20d INJURY OCCURRED   20e P.ACE DF INJURY (Hame form, factory, street, affice bldg, etc.)   20f (City or town)   20mity)   (State factory, street, affice bldg, etc.)   20f (City or town)   20mity)   (State factory, street, affice bldg, etc.)   20f (City or town)   20mity)   (State factory, street, affice bldg, etc.)   20f (City or town)   20mity)   (State factory, street, affice bldg, etc.)   20f (City or town)   20mity)   (State factory, street, affice bldg, etc.)   20f (City or town)   20mity)   20mity   20m		RT		206 DESCRIBE HOW INJURY DCCURRED (	Enter nature at Injury in Part I ar Par	ill at item 18)
21 I certify that (I) (this haspital) attended the deceased from						
21 I certify that (I) (this haspital) attended the deceased from		210				(City or town) ( state (State
saw the deceased alive an 1967, and that death accurred at 0 19 M, fram causes and an the date stated above 220 SIGNATURE 7  220 SIGNATURE 7  220 PHYSICIAN'S NAME (Type) 4 C D T L 7 C N. N. 3 11 M C L 22d ADDRESS NAME (Type) 4 C D T L 7 C N. N. 3 11 M C L 22d ADDRESS C L 23d DOCAT ON (City or Town) (County) (State) ADDRESS C L 23d DOCAT ON (City or Town) (County) (State) ADDRESS C L 23d DOCAT ON (City or Town) (County) (State) ADDRESS C L 23d DOCAT ON (City or Town) (County) (State) ADDRESS C L 23d DOCAT ON (City or Town) (County) (State) ADDRESS C L 23d DOCAT ON (City or Town) (County) (State)		R.	10		ny, sireer, drifte blug, etc.)	
saw the deceased alive an 1967, and that death accurred at 0 M, fram causes and an the date stated above  220 SIGNATURE 7  220 SIGNATURE 7  220 PHYSICIAN'S NAME (Type) Herbit 1 PHYS D 36 96 7  221 PHYSICIAN'S NAME (Type) Herbit 1 PHYS D 36 96 7  222 ADDRESS COLOR D PHYS D 36 96 7  223 BARIA. (REMATION, 23b, OATE THEREOF 23c NAME OF CEMETERY OR CREMATORY) 23d DOCAT ON (City or Town) (County) (Special) 3/9/96 7 FARKLAWAY CEMATORY TO CK VILLE MOUNTS.			21 1 certify that (1) (this haspital)	attended the deceased fram?	196", 1	a J 6 196, that (1) (we) last
220 SIGNATURE 7  220 SIGNATURE 7  220 MD ATTENDING IN MED DRECTOR DAYS DE 1967  221 PHYSICIAN'S NAME (Type) Herbit 2 MANE OF CEMETERY OR CREMATORY  230 BURIA. CREMATION, 230 OATE THEREOF 230 NAME OF CEMETERY OR CREMATORY  231 DOCAT ON (CITY OF TOWN) (Special) 3/9/1967 FARKLAWAY CEMETERY OF CREMATORY  232 DOCAT ON (CITY OF TOWN) (Special) MOUNT (Special)			saw the deceased alive an	- 19 6Z, and that	death accurred at 10 19 N	, fram causes and an the date stated above
22c PHYSIE(AN'S NAME (Type) HEND IT LIFE TO PARTY OF CREMATORY 23d DOCATON (CITY OF TOWN) (Sports)  230 BARIA. CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d DOCATON (CITY OF TOWN) (Sports)  23d DOCATON (CITY OF TOWN) (Sports)  23d DOCATON (CITY OF TOWN) (Sports)						22b DAJE SIGNED
230 BARIA. CREMATION, 235 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY  230 BARIA. CREMATION, 235 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY  230 BARIA. CREMATION, 235 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY  230 BARIA. CREMATION, 235 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY  230 CAT ON (City of Town) (County) (State)		-	town JFV	ine - CHURCH (MD		
230 BARIA CREMATION, 236 DATE THEREOF 230 NAME OF CEMETERY OR CREMATORY 230 DOCAT ON (CITY OF TOWN) (COUNTY) 15 TOTAL SPECIAL					22d ADDRESS	2
AUXINE 3/9/1967 PARKLAWN COM FOCKULLE MONTE PED			NAME (Type) HEVE IT L	7 32 2 2 3 41: 4	1 4,0 6.	1+ +
AUXINE 3/9/1967 PARKLAWN COM FOCKULLE MONTE PED		23a	BURIAL CREMATION, 23b, DATE THEREOF	230 NAME OF CEMETERY OR (	REMATORY 23d OC	CATION (City or Town) [County] _ (State)
	1	4	GEMOVAI (SPOLIN) 3/9/196	7 YARKI AWA	1 1 1000 10	. I P When
		24	FUNERAL DIRECTOR	ADDRESS	· · · · · · · · · · · · · · · · · · ·	
Le, W. C-HAMBERS LNC. SILVER PRINT MD. DATE MIN. 1 1 1967 yellowers Judge	)	Ca	(I CHAMBERS )	W. SILVER SPRIM	W. MP	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeror director, page 3 should be detached for use as the burial-transit permit. Then please remove (artism papers - Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ond 2 death; funeral 1 ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a COLNTY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after rs. Pages 2 hours afte b CTY OR TOWN (If autside carparate funts LENGTH OF STAY IN 16 write RURAL and give negrest town) write RURAL and give nearest town d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (fingt in higspital, give street address) YES NO IX 3 NAME OF DATE Year DECEASED DEATH (Type at print) 6 COLOR OR RACE AGE (In years IF UNDER 24 HRS and form last birthday) ease remay WIDOWED 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT Oa USUAL OCC PATION (Give kind of work done during mast of wasking te, even if retired) azvic amme ottending physic permit. Then ple 13 FATHER S NAMI 14 MOTHER'S MAIDEN NAM signed by the ottending phys burial-tronsit permit. Then p burial, cremation, or removal, 16 SOCIAL SECURITY NO INFORMANT NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) by the hospital or attending physician Canditions, if any, which gave nse ta immediate cause (a), DUE TO has been see as the the prior take stating the underlying cause last. WAS AUTOPS PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO s certificate 20a ACCIDENT WAS UNDERLYING 295 DESCRIBE HOW/INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of Item 18) OR CONTR BUTING CAUSE OF DEATH (IF EITHER NOTIFY MED CAL EXAMINER 20e PLACE OF INJJRY (Hame form, (Caunty) 20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED (City or town) (State) Hour am While Nat While factory, street office bldg , etc. TO FUNERAL DIRECTOR: After 1962, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from O HOSPITAL OR ATTEND Page 4 may be retained 유 saw the deceased alive an Yimy and that death occurred at 7,45 PM, from causes and on the date stated above. director, page 3 shot should be filed with 22b. DATE SIGNED 220 SIGNATUR M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN 230 BURIAL, CREMAT ON 23d 10CAT ON (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF (County) (State) 5-7-67 Community., Seneca 25b REGISTRAR S SIGNATURE 24. FUNERAL D RECTOR 2Sa REC D BY REGISTRAR RockviTTE. Md. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

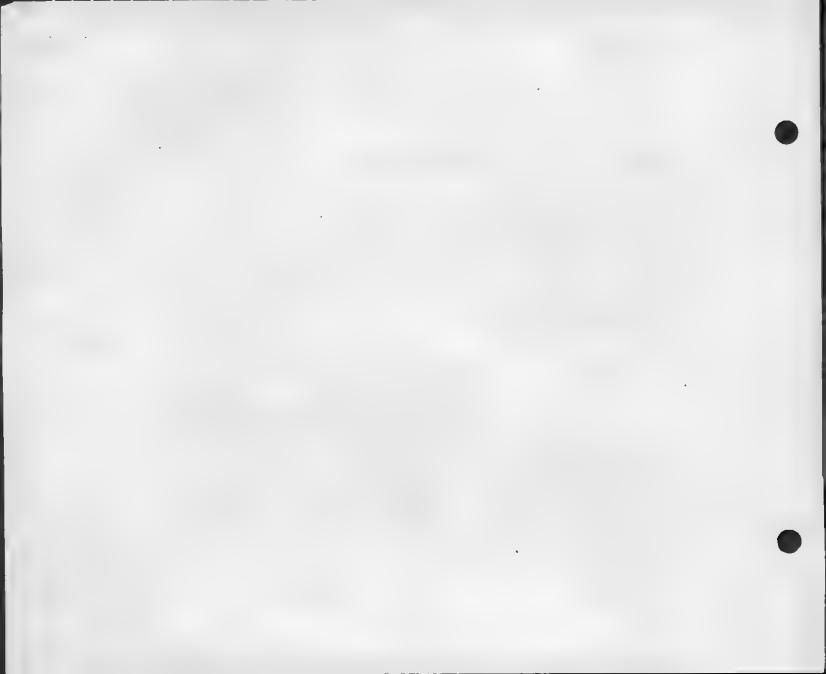
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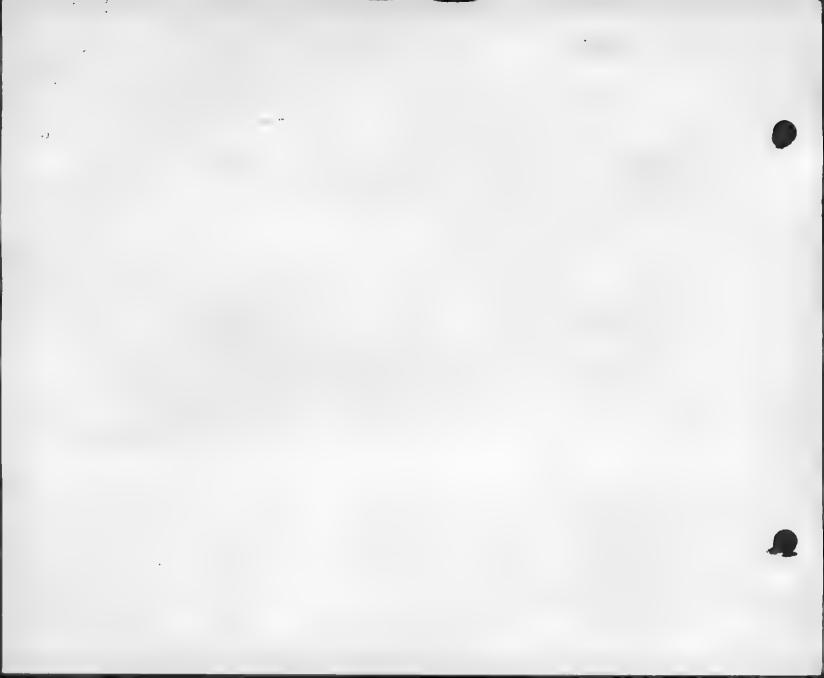
		-06300			CERT	ricale	UF DEATH			V	1000	U
	1	PLACE OF DEATH					2 USUAL RESIDENC	E (Where deceo	sed lived, if institut	tion Residence bef	fore admissi	on)
		o. COUNTY	TGOLERY		16.4	RYLAND	o STATE	ARYLAND	P CON	LINOM YIM	OMERY	
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**TO HOSPITAL OR ATTENDING PHYSICIAN:** The faw requires that the death certificate be executed within 24 hoers after death. Page 4 may be retained by the hospital or attending physicion

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the bural-transit permit. Then please remove carbon papers. Pages 1/ and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyeart, within 72 hours after death

VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PERFORMED?  YES NO  200 ACCIDENT WAS UNDERLYING COUNTY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200 TIME OF NJURY Month, Doy, Yeor Hour om pm 19 While of work of work of otwork of work	lost.			(c)						
YES NO     YES NO       YES NO	PART	al. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CO	NOUTION GIVEN IN PART 1(0)		
21. I certify that (1) (this haspital) attended the deceased from 18 April 19 07 to 12 May 19 07 that (N) (we) saw the deceased clive an 12 May 19 07, and that death accurred at 3:45 M, from causes and an the date stated about 220 SIGNATURE 226 DATE SIGNED 226 DATE SIGN	<u> </u>									
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21. I certify that (1) (this haspital) attended the deceased from 18 April 19 07 to 12 May 19 07 that (N) (we) saw the deceased clive an 12 May 19 07, and that death accurred at 3:45 M, from causes and an the date stated about 220 SIGNATURE 226 DATE SIGNED 226 DATE SIGN	E (IF EIT	HER, NOTIFY	MEDICAL EXAMINER)							
21. I certify that (1) (this haspital) attended the deceased from 18 April 19 07 to 12 May 19 07 that (N) (we) saw the deceased clive an 12 May 19 07, and that death accurred at 3:45 M, from causes and an the date stated about 220 SIGNATURE 226 DATE SIGNED 226 DATE SIGN	20c			20d	INJURY OCCURRED				(Cou	inty) (Stote)
21. I certify that (1) (this haspital) attended the deceased from 18 April 19 67 to 12 May 19 67 that (1) (we) 19 67 to 12 May 19 67 that (1) (we) 19 67 to 12 May 19 67, and that death accurred at 8:45 M, from causes and an the date stated about 220 SIGNATURE  220 SIGNATURE  221 DATE SIGNED  222 PHYSIC ANS NAME (Type) Charles J. Glieck, MD  223 BURIA, (REMATION REMOVA. (Specty)  234 BURIA, (REMATION REMATION REMOVA. (Specty)  235 BURIA, (REMATION Sarasota Crematorium)  236 BURIA, (Specty)  237 SIGNATURE  238 BURIA, (REMATION (City or Town) (County) (State)  249 SURIA, (Specty)  250 BURIA, (REMATION Sarasota, Florida  250 BURIA, ORDERS SARASOTA, Florida	8		10			fecto	ory, street, office bldg., etc.)			
sow the deceased clive an 12 May 1967, and that death accurred at 8:45 M, from causes and an the date stated about 220 SIGNATURE  220 SIGNATURE  220 ATTENOING MED DIRECTOR PHYS X 13 May 1 267  221 PHYSIC ANS NAME (Type) Charles J. Glueck, MD  222 ADDRESS The Clinical Center, Nati 1121  233 BURIA, (REMATION REMOVA, (Specfy) Sarasota Crematorium  234 LOCATION (City of Town) (County) (Stole)  235 PECCO RY PEGISTRAP 255 PECCO RY PEGISTRAP 256 PEGI			11.			16 . 75	Amai	n 67 to 12 Ma	177 30	CT + la at MI ( a) la
270 SIGNATURE  270 SIGNATURE  270 SIGNATURE  270 SIGNATURE  270 SIGNATURE  270 ATTENOING MED DIRECTOR STAFF MAY 1 267  271 ADDRESS The Clinical Center, Nati 1121  272 PHYSIC ANS NAME (Type) Charles J. Glueck, MD  273 ADDRESS The Clinical Center, Nati 1121  274 Institutes of Health, Petheda, 1121, 2001/2  275 BURIA, (REMATION REMOVA, (Specify)  276 DIRECTOR STAFF  278 ADDRESS THE Clinical Center, Nati 1121  270 SURIA, (REMATION (City or Town) (County) (Stole)  270 SURIA, (Specify)  271 ADDRESS THE Clinical Center, Nati 1121  272 STAFF MAY DESCRIPTION (City or Town) (County) (Stole)  273 SURIA, (REMATION STAFF MAY PEGISTRAP STAFF MATION STAFF MATERIAL PROPERTY OF THE PROPERTY OF	1 2	I. I certi	ry that (+) (this ha	spiral) arrer 1 - Moss	ided the deceased	TIGHT IS	) #%[x/L	Q + 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>.y</u> , 17	⊠¢ iuαi 4x) (we) ic
22c PHYSIC ANS NAME (Type) Charles J. Glieck, MD  23c BURIA, CREMATION REMOVA (Specfy)  23c NAME OF CEMETERY OR (REMATORY REMOVA (Specfy)  23c NAME OF CEMETERY OR (REMATORY Sarasota Crematorium  23d LOCATION (City of Town) Sarasota, Florida  24c SUPPLY DESCRIPTOR  25c PECCO BY PEGISTRAP 25c PECCO BY			eceased alive an_	12 May	19.07.	end that	degin accurred at	O - ZLO M, Ham cause		
220 PHYSICANS NAME (Type) Charles J. Glueck, MD  230 BURIA, CREMATION REMOVA. (Specify)  230 BURIA, CREMATION REMOVA. (Specify)  231 DATE THEREOF  Sarasota Crematorium  232 DATE THEREOF  Sarasota Crematorium  Sarasota, Florida  ADDRESS  ADDRESS  233 BURIA, CREMATION REMOVA. (Specify)  Sarasota Crematorium  Sarasota, Florida  ADDRESS	220	SIGNATURE	Chan	On .	10/200	11	ATTENOING	MEO STAFF	1	
NAME (Type) Charles J. Glueck, MD Institutes of Hoalth, Betheda, Ma. 20012  330 BURIA, CREMATION REMOVA (Spec fy)  Transit  340 CHARLES J. Glueck, MD Institutes of Hoalth, Betheda, Ma. 20012  350 BURIA, CREMATION (Ciry or Town) (County) (Stote)  Sarasota Crematorium Sarasota, Florida  360 BURIA, CREMATION (Ciry or Town) (County) (Stote)  Sarasota, Florida  360 BURIA, CREMATION (Ciry or Town) (County) (Stote)  Sarasota, Florida  360 BURIA, CREMATION (Ciry or Town) (County) (Stote)  Sarasota, Florida			- P-CU	Sals C	- Total	M C	PHYS L	DIRECTOR PHYS		
230 BURIA, CREMATION 23b OATE THEREOF 28c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  Transit  ADDRESS 23c PECID BY PEGISTRAP 25c PECID BY PECID BY PEGISTRAP 25c PECID BY PEGISTRAP 25c PECID BY PEGISTRAP 25c PECID BY PE	224								enter, N	Mati mal
REMOVA (Specify)  Transit  5/14/67  Sarasota Crematorium  Sarasota, Florida  ADDRESS  ADDRESS		NAME (Type	Charles J	. Glue	ck, MD		Institute	s of Health,	Pethesc	la,11a,20014
REMOVA (Specify)  Transit  5/14/67  Sarasota Crematorium  Sarasota, Florida  ADDRESS  ADDRESS	23o BURI	A. CREMATIC	ON 23b OATE TH	EREOF	28c NAME OF CEN	METERY OR	CREMATORY	23d LOCATION (City or	Town)	(County) (Stote)
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74 FUNKAL DIKELUK AURELUK AURE	Tran	sit	2//	0/						
Tyson wheeler runeral nome=122; shockville slightly 1 a 4007; """ / 2016	Twen	in Who	eler Fune	ral Ho	me-1331 R	locky	ille Pike	1 6 1967		an Jacobse

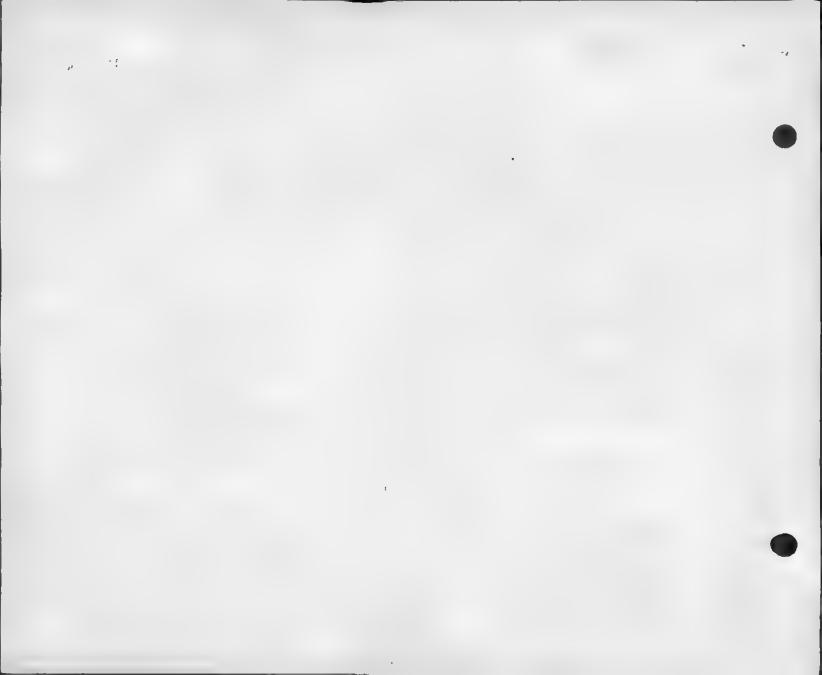
TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and compleyefy filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove cérban page should be fied with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within it VR A15 (4) 20 M 1/66

on by the function
pers. Pages I and 2
Z hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or ottending physician

Rockville, Md.



# FOR STATE

PM3 Page

Jaid 2 with the State Department of every within 72 hours after death. File pages y 5 may be retained for yaur files

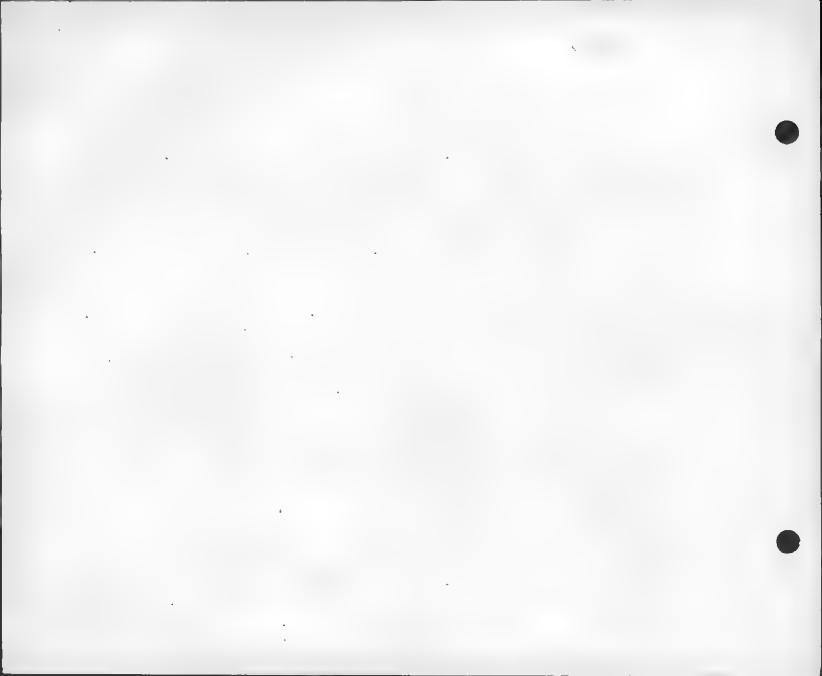
10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Health or its designated agent, priar to burial crematian or removal

VR A15ME (5)

necessory, please execute the certificate writing the ward pending in pencil in Item 18 Give Pages 1 the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm TO DEPUTY MEDICAL EXAMINER: Inis certificate should be executed within 24 hours after death if

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06903_	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	88830						
	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased I ved	firstern. Reude le belare sdr. (1)						
	o. COUNTY	MARYLAND	o. STATE Maryland	b COUNTY						
	b CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If cutside carparate I mits,							
	write RURAL and give nearest tawn) Oliney	2000		,						
	d NAME OF HOSPITA, OR INSTITUTION (It not in	hospital give street diddress	Silver Goring	T e S RES DENCE						
1				UN A FARM						
	'ontgomery General		10108 uinby R							
	3 NAME OF First	Middle	Last 4 DATE OF	Month Day Year						
	(Type or print) Ira		aplan DEATH	5 20 19 67						
			8 DATE OF BIRTH 9 AGE							
П		VIDOWED DIVORCED	3/24/22	5 yrs						
1	10a tis JAL OCCUPATION to ve kind at work done during most at working life, even if retired)	10b K ND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?						
	Printer	Printing Co.	Brooklyn, New Yor							
	13. FATHER'S NAME		14. MOTHER'S MA DEN NAME							
	Samuel Kaplan Jr.		Bertha Freedman							
	TE WAS JECEASED EVED IN ILS ADMED EDDIES	16 SOCAL SECURITY NO 7 1	NFORMANT	Addre						
	(Yes, no, or unknown) (If yes give wor or dates of serv	vice)	Dr. Bomifant Candy	Spring, No.						
	18 CAUSE OF DEATH (Enter only one cause pe		El Contest alle alley	INTERVAL BETWEEN						
	PART I DEATH WAS CAUSED BY	Right Car	mary Janom &	ONSET AND DEATH						
	MMEDIATE CAUSE (a) CONTROL TO THE TO									
	Conditions, if any, which gave )	exetition la Ot to	astrain souther							
	rise to immediate couse (a), (	700-010 9040	and tegrander	e see act / specialis						
	stating the underlying cause	wall due to	ormany altery N	loant Kusoaso.						
	PART I OTHER SIGN F (ANT CONDITIONS CONTR	IRUTING TO DEATH RUT NOT RELATED TO T	THE TERM NA. D STASE CONDITION GIVEN IN PART	1 (a) 19 WA A 185Y						
	20a EXTERNAL CAUSE WAS PRIMARY OF OR DEATH CAUSE OF DEATH	DOT NO SELECTION OF SELECTION O	The real paper combined only in the	YES YES NO						
	20g EXTERNAL CAUSE WAS	2014 DESCRIPE HOW INVIDES OCCUPAND	(Enter nature of injury in Port I or Port II of iter							
	PRIMARY Or CONTRIBUTING	200 DESCRIBE NOW INSORT OCCURRED	(times making or single) sin roll I of roll II of their	1 10.)						
	- CAUSE OF DEMTIF	20d INJURY OCCURRED 20e PLAC	20 AC HANGE AND A 20 20	Accept Many Many Many Many Many Many Many Many						
	20c TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form, 20f (City or ory, street, affice bldg , etc.)	town) (County) (State)						
	p.m. 17	at wark at work								
	21 I certify that Traak charge of		ld an Autapsy 🙀 , Inspectian 💓 ,	Inquity and in my apinian						
	death resulted from Natural ca	iuses 💢 , 🖈 Accident 🔀 , Suici	de 🔲, Hamicide 🔲, Undeterm	ined mariner 🔲						
	ACTUAL /	17/2/	CHIEF MEDICAL EXAM NER							
	SIGNATURE / ALACES	KISCOD	M_D ASSISTANT MEDICAL EXAMINER	22 DATE SIGNED						
-1	EXAMINER'S BOOK BASES	Edward V / Tona	DEPUTY MEDICAL EXAMINER	5/2-/10/2						
	LANDE (IAbs) SCC. Z.	Y CO	M. Addless (Mee Mity Lower Procounty)							
	230 BURIAL CREMATION, 23b. DATE THEREOF			ity or Howni (Kounty) (State,						
	REMOVAL (Specify) 5/22/6									
	24. FUNERAL DIRECTOR		14thST250 REGAY REG STRAR 100	25b. REGISTRAR'S SIGNATURE						
	Bernard Danzansky a	nd Sons. NW. Wash.	DC DATE DATE	M. M. M. Margarite						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06904 MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT USUAL RESIDENCE (Where de e b (O.INIY MARYLAND C ENGLE OF STAY IN S DR TOWN I not see a consiste to it with R IRA REET AD JRES TriON if not in hospital, give street oddre's with form NAME OF 4 DATE Month DECEASED Typ in profil DEATH a ang 6 COLCR OR RACE 7 MARRIED NEVER MARR ED lost birthdoy O VORCED **₩IDOWED** s Office OF KIND OF BUSINESS OR WHAT during most of working life, even if retired) TARMER Examiner 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME d3 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT nd pending in Chief Medical E (Yes no grunk riwn) ( fiyes a ve wor or dates of service 1B CAUSE OF DEATH (Enter only one couse per line flor NTERVAL BETWEEN transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO the ( Conditions, if any, which gove rise to immediate couse (a). stating the underlying couse  $\Box$ iost PART I OTHER S ON FICANT CONDITIONS CONTRY ING C DEATH BUT NOT RELATED TO THE TERM NAI DISTATE SONC IN S VEN IN PART ME EM OF EXTERNA CAUSE WA 200 DESCRIBE HOW NORY OCCURRED (Ent. not re of injury in Port 1 , Firth of them . PRIMARY CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY (He) & for TIME or 'N.URY Month, Doy, Year 200 NURY OF URRED Hour am foctory, street, office bldg., etc.) While Not While at work L of work 21 I certify that I took inarge of the remains described above held on Autopsy. 0 1: death resulted from Undetermined manner y be retained IERAL DIRECT ACTUAL 22. DATE SIGNED SIGNATURE 230 BURIAN CREMATION 23b DATE THEREOF REMOVAL (Specify) 24 F NERAL DURECT TSO RE J BY REG STRAR 25L RF TRAR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) O COUNTY b COUNTY MARYLAND MONTCOMORY b CITY OR TOWN (If our side corporate ign'ts c LENGTH DF STAY IN 16 c CITY DR IDWN (If butside corporate limits, write RURAL and live meptest town e IS RESIDENCI d' NAME DE HOSPITAL OR INSTITUTION (Il not in hospital, give street oddress ON A FARM? NAME OF Year DECEASED (Type or pnnt) DEATH 1GON P GREVER MARRIED SEX B DATE OF BUSTA IF UNDER 24 HRS 6 CDLOR OR RACE 7 MARRIED AGE (In years IF UNDER 1 YEAR lost birthdoy) Months Hours Oo. US, AL OCCUPATION (Give kind of work done 12 CIT/ZEN OF WHAT Ob. KIND OF BUSINESS OR during most of working life even if retired) COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service 1B CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, flony, which gave nse to immediate couse (o), DUE TO stoting the underlying couse lost 9 WA' AUTOPS PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO. 200 ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL T.ME OF INJURY Month, Day, Year 20d INJURY DCCURRED 20e. PLACE OF INJURY (Home, lorm, 20f (City or town) iStole! factory, street, office bldg. etc.) Hour o.m. Not While of work of work deceased fram 4-25 , 1967, to 5-2 , 1967, that (1) (we) ast 1967, and that death accurred at 10-8 M, fram causes and an the date stated above 21 I certify that (I) (this haspital) attended the deceased from 4-25 saw the deceased alive an 22o S GNATURE D RECTOR ADDRESS RY DR CREMATOR 230 BURIAL CREMATION RECID BY REGISTRAR 24 FUNERAL D'RECTOR

within 24 hours after death the papers filled pletely fi carbon event comple геглауе 700 certificate remayal signed by the burial-tronsit p PHYSICIAN: The law requires that os been os the prior to b this certificate hadeled for use detached OR ATTENDING should be retained TO FUNERAL DIRECTOR: directar, poge 3 shauld be f,led O HOSPITAL Poge 4 moy VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 26906 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) c CITY OR TOWN (if outside carporate limits, write RURAL and give nearest town) ockuille d STREET ADDRESS e IS RESIDENCE ON A FARM? DATE OF DEATH 19 AGE (I. years IF UNDER 1 YEAR NEVER MARR ED Hours D VORCED 12 CITIZEN OF WHAT Ob KIND OF BUSINESS OR 11 BiRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY 17. INFORMANT 16 SOCIAL SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH

b CITY OR TOWN (It outside corparate limits, write RURAL and give nearest town). d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 3 NAME DE DECEASED (Type or print) 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (( fiyes a ve wor or dates of service 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY-Congenital Heart Failure IMMED ATE CAUSE (o) DUE TO Conditions, if any, which gove Congenital Heart Disease rise to immediate couse (a), DUE TO stating the underlying couse (d) Manifested by inter ventricular septal defect PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILOS WAS AUTOPSY PERFORMED? YES X NO 200 ACCIDENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 18) OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY [Home form, (City or town) (County) (State) 20c TIME OF NJURY Month, Doy, Year 20d INJRY OCCURRED factory, street, office bldg, etc.) Hour o.m. 21 I certify that (1) (this hospital) attended the deceased from. your 1962, to 6000, 196, that (1) (we) last ), and that death occurred at 2.25 /4.M, from couses and on the date stated above saw the deceased serve on 220 SIGNATURE 22c PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify)
Burial 5/22/67 Montgomery Md Rockville Cemetery Rockville 250 REC'D BY REGISTRAR 2Sb REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home

law requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral nove carban papers. Pages 1 and 2 is event, within 72 hours after death carban papers. Page vent, within 72 hours a and in ony event, wit remove and lease signed by the atter burial-transit perm buriol, cremation, c attending physician. for use as the little Health prior to t has been ficate be retained by the hospital or TO FUNERAL DIRECTOR:

a. COUNTY

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 96907 I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY n STATE Marvland Montgomery MARYLAND b CITY OR TOWN (If guts de carporate l'mits. CLENGTH OF STAY N 16 c CITY OR TOWN (It autside corporate I mits, write RURAL and a ve nearest town) write RURAL and give negrest tawn), 18 days Annapolis Bethesda (rural d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS ON A FARM? 111 Lafayette Avenue Naval Hospital YES NO K 3 NAME OF 4 DATE First Middle Manth DECEASED KING 19 67 Gordon Mav Anne (Type or pant) DEATH 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARR ED [20] NEVER MARRIED (birthday وجوير Nov. 6, 1888 Cauc W DOWED DIVORCED Female 10a JSUAL OCCUPAT ON 'Give kind of wark done 10b KIND OF BUS NESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during most of working life, even firet red) COUNTRY? INDUSTRY N/A Baltimore, Maryland USA Hous**e**wife 14 MOTHER'S MAIDEN NAME 3 FATHER'S NAME James Price Winchester Elizabeth McComb I/ INFORMANT Ave., Alexandria Address Virginia IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECUR TY NO (Yes, no, or unknown) (If yes give war or dates of service) 559 14 4489 RADM Thomas Starr King, Jr. 308 Kentucky 18 CAUSE OF DEATH (Enter on y and cause per ne for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. Pulmonary embolism INTERVAL BETWEEN DNSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Severe arteriosclerotic hypertensive cardio-Canditians if any, which gave (b) rise ta immediate cause (a), vascular disease DHE TO stating the underlying cause last. WAS AUTOPS PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES 🔀 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) 20e PLACE OF MURY (Hame, farm, 20f. (City or town) (Caunty) (State) 20r TIME OF INJURY Month, Day Year 2Dd INJURY OCCURRED factory, street, affice bldg , etc.) Hour am. at wark at wark 21 | certify that () (this haspital) attended the deceased from May 5 19 0/ 10 May 19 07, that (f) (we) last 23 1967, and that death accurred at 450AM, from couses and on the date stated above. May 23 saw, the deceased alive an\_

20a ACC DENT WAS JNDERLY NG [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT FY MED CAL EXAMINER)

22a SIGNATURE

23a BUR AL CREMATION,

23c NAME OF CEMETERY OR CREMATORY

DIRECTOR

22b DATE SIGNED May 24, 1967

NAME (Type) Van N. Polglase, M.D.

Naval Hospital, Bethesda, Md. 23d LOCATION (City or Tawn) Naval Academy Cemetery

Joseph Gawler & Sons 5130 Wisconsin Ave. N.W. Washington, D.

2Sq REC'D BY REGISTRAR 106.7

Annapolis, Md. 2Sb REGISTRAR S SIGNATURE

((aunty)

(State)

VR A15 (4) 20 M 1/66

that the death certificate be executed within 24 nours after death

campletely

remove

physician a

signed by the offer bur al-trans t permit burio,, cremotion, o

has been see os the the the prior to b

TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the Stote Dept. of Healt

for use Health

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion.

and so an gud

orremoval offending phy permit. Then



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

<i>-</i>	^690	8	CERTIFICATE	OF DEATH		08893
er death	o COUNTY	NTGOMERY	/ MARYLAND	2 USUAL RESIDENCE (When	and b COUNT	C. Residence before admission)  TY Montgamery
7 hours after	6 CITY OR TOWN (	(If outside corporate limits, didive negres) town)	adays/13hours	Takoma Pa	e corporate limits write RUR	A. and give newest town)
, 1	d, NAME OF HOSPIT	al OR NSTITUTION (If not in h	mospio gyestreet obdress) m4-HOSPITUL	9 STREET ADDRESS 7405 Jack	son Ave.	e is residence on a farm? yes \ no \
sveni, winin	NAME OF DECEASED (Type or pnnt)	C-Lara First	Louise Kirch	gessnen 4	OF MONTH	2.3 1967
5	Female	WHite. w	MARRIED NEVER MARRIED DOWED DIVORCED	Tan. 28, 1891	9 AGE (Ir year lost birthdby)	IF UNDER 1 YEAR OF UNDER 24 HRS Months Doys Hours Min
de	ring most obworking  FATHER'S NAME	N (G ve kind of work done   life, even if retired)	106 KIND OF BUSINESS OR	11 BIRTHPLACE (County & Sto	ny	COUNTRY? U.S. A.
	LOUIS WAS DECEASED EVE	Franke	16 SOCIAL SECURITY NO 17 17	LOUISE H	gneke Addres	ec .
(	res/na orunknown)	( f yes g ve wor or dates of serv	(e) 579-28-8463 HC	spital Reci	4	A .1 10
The same	PART I DEA	TH WAS CAUSED BY.  MMED ATE CAUSE (o)  DUE TO	Cerce Fix	· heart	- failer	ONSEJ AND DEATH
	Conditions, if ony nse to immediate stoling the under last	(, which gove ) (b)	artem ster	Tic and	· is to d	in a suntinower
ATION	PART AL OTHER S	17	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN N PART 1,0)	19 WA A TOPSY PERFORMED? YES 1 NO
CEPTIFICATION		SUNDERLY NG  GEAUSE OF DEATH MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED (	Enter notice of injury in Port	I or Port II of item 18)	Transition of the state of the
MEDI. AC	20c. TIME OF INJ Hour or	10		F QF .NJURY (Home, form ry, street, office bldg , etc.)	20f (City o town)	(County) (State)
		ify that (I) (this hospital) eceosed alive an	attended the deceased fram_1 1961, and that	death accurred at 5		19 7, that (I) (we) last ond on the date stated above 22b DATE SIGNED
	22c PHYSICIAN S		way a MD	ATTEND NG MED DRI	ECTOR PHYS	LA TAMESTONED
2	NAME (Type	ON 23b DATE THEREOF	1 23c NAME OF CEMETERY OF C	REMATIPRY	276 LOCATION ICHY OF TOW	NOT - FICOUNTY Store
5	REMOVAL (Specify 24 FUNERAL DIRECTO	x 11.84.26-1	967 Duhan I	Challery 250 RECT BY	Frittend, 7 REGISTRAR 25N REG	THUCKISCO JAL GISTRAR'S SIGNATURE
`	Villetta	Jehnes ?	25 4 Cassalled	71/1/ DAMAY 2	4 1967	Some of the same

10 HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed writim-24 haurs after aeath.

Page 4 may be retained by the hospital or ottending physician.



e IS RESIDENCE DN A FARM:

19

INTERVAL BETWEEN DNSET AND DEATH

WAS AUTOPS!
PERFORMED?

(State)

(County)

May 28, 1967

(County)

12 CITIZEN OF WHAT

NO

requires that the death certificate be executed within 24 haurs after death

O HOSPITAL OR ATTENDING

by the haspital ar Page 4 may be retained Richard Delaney NAME (Type) 4323 Hayard 23a BUR AL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Heaven Cemetery VR A15 (4) 20 M 1/66 \$



TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to bur all, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 34 hours after death

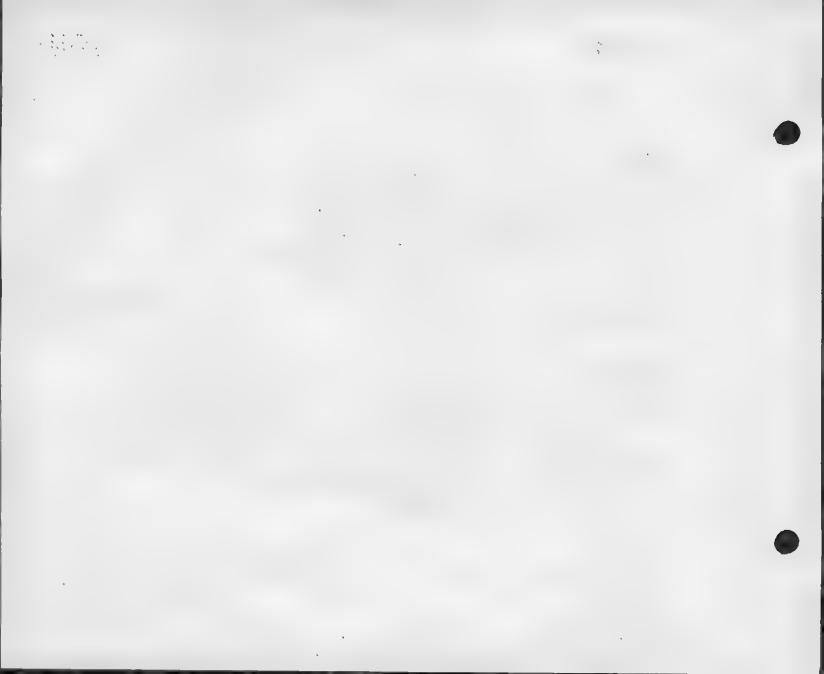
Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66 4

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of CTATISTICAL DESCAPAN AND DECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	DIAIZION OF 21M11211C	AL RESEARCH AND RECORDS, SO	I W. FALSTON SIAL	LI, DALIIMORE, MARTE	AND ZIZVI
	06910	CERTIFICATE	OF DEATH		06895
	PLACE OF DEATH			where deceased lived it institutes	n Residence before admission)
'	COUNTY Consay	MARYLAND	o STATE	b. coun	Vient Some El
	CITY OR TOWN (It butside corporate (m.ts., write RURAL and give nearest tawn)	C LENGTH OF STAY IN 10	C CITY OR TOWN (It ou	tside corporate imits, write RUR	At and give nearest fown)
	S. 1'EL Spilin's	16 days	SILVE	R SPKIN	G
	NAME OF HOSPITAL OR NST TUTION ( I po in	hospital give street address)	d STREET ADDRESS		e 3 RES DENCE ON A FARM?
	Holy CROSS	trosc tal	2700	HARMUN	Ked YES NO X
	NAME OF Frst DECEASED Type or print)  FREC	Walter KI	no Kinch Rim K	4 DATE Month OF DEATH	Doy Year 21 1967
S		MARRIED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years ost birthday)	F UNDER 1 YEAR   IF UNDER 24 HRS
	m $y$	A IDOWED DIVORCED	11/04	C Z Yrs	Months Doys Hours Min
dyn	USUAL OCCUPATION (Give kind of work done no most of working te, even if retired)  Add	10b k ND OF BUSINESS OR CORP NDUSTRY Lessograph - Multi	nh.	& State or foreign country)	12 CITIZEN OF WHAT
-	FATHER'S NAME		14 MOTHER'S MAIDEN N		
9,	ed A Klastenheimh		Julia Zbli	ewski	
	WAS DECEASED EVER IN U.S. ARMED FORCES? s no, or unknown) (It yes give wor or dotes of sei	nuco)	NFORMANT	Addres	
17.	ea Will	577-10-3720 Mr	s. Hilda Kle	ockenbrink Si	00 Harmon Rd.
	18. CAUSE OF DEATH (Enter only one couse p PART I DEATH WAS CAUSED BY	1 1 0 1 -	7 15.1 6	-1 /13	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	( - a remanda	J - CO 676	- CXECC	S.C. SHIP BEAGI
	DUF TO	4. 4. 6.1	3 .	, ,	
	Conditions flony, which gave (b), rise to immediate cause (a),	£ 2 2 1	).		
	stoting the underlying couse lost	1 1 1 1 1 2 2 1	2011 1 1 30x EVI	4 4 X 2 Y	
	PART II OTHER SIGNIF CANT CONDITIONS CONTI	R BUT NG TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
NCII	TARK III SIII SIGN SIGN CONDITIONS CONT.			ζ-,	PERFORMED? YES NO
CERT FICATION	200 ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of in ary in I	Part or Part I of item 18)	1 10 100
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form		(County) (State)
MEL	Hour a.m. p.m. 19	While Not While of work	ory, street, office bldg , etc.)	4	,A
		attended the deceased from	1960 ,1		, 19_6/, that (I) (we)-las
	saw the deceased alive an	. 47 20 1967, and the	t death accurred at,	2.40 M, fram causes of	and an the date stated above
	220 S GNATURE	,	ATTENDING	MED. STAFF	22b DATE SIGNED
	aller of hour	e EL 7 MI	D PHYS 22d ADDRESS	DIRECTOR L PHYS L	May 21, 1967
	NAME (Type) George	Sharpi		n. Ave., Kensi	naton, Md.
22-	BURIAL CREMATION 236 DATE THEREO			23d LOCATION (City or Tow	
230	REMOVAL (Specify)	10 . 11.		Silver Spring	
(124	AUNERA DIRECTOR MARCH - 15 He	#DD0ECC	250 \$10'0		GISTRAR'S SIGNATURE
7	rner & Pamphrey In	georgia A	venue Dur	21 1927	· my down



96911

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06896

		0000						
PLACE OF DEATH  COUNTY  Montgomery  MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Resident  o. STATE b COUNTY	ce before odmission)						
b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (II outside corporate limits, write RURAL and give	nearest town)						
write RJRAI ardigine nearest town)	puneain	4						
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d. STREET ADDRESS	e S REC DENCE ON A FARM?						
- intorac valley nd	612 in 128,	YES NO						
3 NAME OF First Madle DECEASED (Type or point)  The True	LARSEN. 4 DATE Month OF DEATH  LOST  LOST  ADATE  MONTH  DEATH	Doy Year						
S SEX 6 COLOR OR RACE 7 MARR ED NEVER MARR ED WOOWED D VORCED	8 DATE OF B RTH  9 AGE in years  1 ost brithdoy)  Wonths	YEAR IF UNDER 24 HRS Doys Hours Mil						
100 SUAL OCCUPATION (Give kind of work done INDLSTRY INDLSTRY	Clara Tara	IZEN OF WHAT						
Nils P. Larsen	14 MOTHERS MAIDEN NAME Hilda Johnson							
15. WAS DECEASED EVER IN US ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 340 -12-2344 E	INFORMANT Address DE	rnaby st.						
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART 1 DEATH WAS CAUSED BY  MMEDIATE (AUSE (a)	vory Fail an	ONSET AND DEATH						
0 = 1.0	Thurbons							
rise to immediate rouse (a)	I dembors	4 120012						
stoling the underlying couse but to (c)	Zumi generalyeet	· j						
PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED?						
	and in ( Pour want)	YES NO						
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Port II of tem 18)							
	20c TIME OF INJURY Month, Doy Year 20d NJURY OCCURRED 20e PLACE OF INJURY (Hame farm, Haur a.m. 20f (C'y or lowr (County (State) foctory, street, office bldg., etc.)							
21 I certify that (I) (this haspital) attended the deceased from Copie (1) 19 67, to 2 cop 2 > 1967 that (I) (we) last								
saw the deceased alive on Mary 24 19 67, and the		and the same of th						
220 SIGNATURE	ATTENDING MED STAFF 226 DA	ATE SIGNED						
22c Physicians Freckonic Dehepman NAME (Type) /234 - 19 th Jt. Nu	22d ADDRESS / 2 34- / 4 4 5 ( A	125/67						
230 BURIAL CREMATION, 23b DATE THEREOF 23C NAME OF CEMETERY OR REMOVAL (Specifyl	R CREMATORY 23d LOCATION (City or Town)	"(cunty, "Stote)						
24 FUNERA, DIRECTOR ADDRESS	250 REC D BY REGISTRAR 250 REG STRAR S SI	SNATURE						
SH. HINES CO.	· MAY 2 C 10C7 Octimela	_						

TO HOSPITAL OR ATTENDING PHYSICIAN: Th≋ law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot pages. Pages 1 as should be filed with the State Dept of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after de-Page 4 moy be retained by the hospital or attending physician VR A15 (4) 25M 1/67



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06912 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I PLACE OF DEATH b. COUNTY Montgomery o. STATE o COUNTY Maryland Ma mi damo MARYLAND 24 hours after b CITY OR TOWN (if outside corporate I mits, CLENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town 11/hpa l day Silver Spring d NAME OF HOSP TAL OR INSTITUT ON (if not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 12103 Charles Road executed within 3 NAME OF 4 DATE Month Year Middle DECEASED 0F ETHEL LATHERS E. May\_ 25 DEATH (Type or print) 9 AGE (n years 8 Jost b rthdoy) IF UNDER 24 HRS S. SEX 6 (O.OR OR RACE NEVER MARRIED 8. DATE OF BRIH 7 MARRIED 4 Months Dovs 3/29/86 Female White W DOWED DIVORCED and in any 11 B RTHPLACE (County & State or foreign country) 2 CIT ZEN OF WHAT 100 USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) Housewife INDUSTRY Bristol, England OR ATTENDING PHYSICIAN: The law requires that the death certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal. Frederick Parson Sophia Briggs IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) S. Elaine Belanger- Item # 2 095-20-3131 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-transit purial, crematic ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove use to immediate couse (o). DUE TO stoting the underlying couse as the as the prior to b ar ottending lost 19 WAS AUTOPS1 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) hos PERFORMED? be detached for use State Dept. af Health NO V 700 ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INTURY OCCURRED. (Enter noture of injury in Port 1 or Port 1 of item 18) O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospital OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (State) 20c T-ME OF INJURY Month, Day, Year 20d INJURY OCCURRED foctory, street, office bldg, etc.) Hour p.m. Not While ot work 21 I certify that (1) (this haspital) attended the deceased from 19 62 to 3,25 19 65, that (1) (we) last saw the deceased alive an 5, 23 19 25, and that death accurred at 2 12 M, from causes and an the date stated above. 220. SIGNATURE director, page should be filed 1 2 50 3. 22d. ADDRESS 22c PHYS CIANS O FUNERAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23o BURIAL CREMATION 23b DATE THEREOF (County) 5/29/67 REMOVAL (Specify) Pockville Rockville, Md. Burisi Tyson Wheeler Funeral Home-1331 Rockville 25b. REGISTRAR'S SIGNATUR 24 FLINERAL DIRECTOR 20 M 1/66 Rockville . Md .

MARYLAND STATE DEPARTMENT OF HEALTH



TO MOSMITEL OR MITENDING MHYSICIAN, The law requires that the death certificate we executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been a gned by the attending physician and completely filled in by the funerat director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) VL 20M 1/65

	MARYLAND ST	ATE DEPART	MENT OF	HEALTH		
DIVISION OF					TIMORE 1. MARYI	LANI
6913	 RESEARCH AND CERT	IFICATE OF	DEATH		0689	3
ODIO	 0 4.111		PEAIT		0000	

↑ COUNTY	L RESIDENCE (Where deceased lived, if institution: Residence before admission)
a. COUNTY MARYLAND 8. ST	Oklahoma b. COUNTY Tulsa
b. CITY OR 1DWN (if guiside corporate limits.   C. LENGTH DE STAY IN 10   C. CITY D	R TDWN (If outside corporate limits, write RURAL and give nearest town)
write BURAL and give nearest town)  Cock ville  2 Months	Tulsa
	T ADDRESS   e. IS RESIDENCE
Potomac Valley Nursing Home 11:	S8 S. Wheeling ON A FARM?
3. NAME OF DECEASED A First Middle Las	4. DATE Month Day Year
(Type or print) 11011E Grace Lake	1 11 DEATH 5 - 21 19 67
5. SEX 6. COLUR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF	9. ACE (In years   IFUNDER 1 YEAR   IF UNDER 24HRS.   last blythday)   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR 11. BIRT	HPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	HPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT COUNTRY?
Housewife	9
7	HER'S MAIDEN NAME
	Mad Ga App - 4
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknown) (If yes give war or dates of service)	
H41 34-28 sy Mrs jus	in Itari
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. OFATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circling - Cardina	
DUE TO M	a De Cabrillat De Co.
conditions, If any, which gave rise to immediate (b) Congish. The commediate	in Our it houselle De Co
cause (a), stating the OUE TO	in t
(c)	C 17 D
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION G. VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
	YES NO 🔀
20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Ent DR CONTRIBUTING TO CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	er nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJU	
Hour a.m. While Not While factory, street, o	ffice bldg., etc.)
p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from	21 20/2 1 to 72 1 - 22 20/2 1 that IN 100 100t
saw the deceased alive on. 17 - 7 - 19.6 _ and that death oc	
299 SIGNATURE	1 22h DATE SICNED
Climes E 7 2 FO MD. PHYS.	ING MED. STAFF PHYS.
22c. PHYSICIÁN'S 1 22d.	ADDRESS
NAME (Type) JAMES E. NOLAN 54	the tracks Add for by your.
232 BURIAL, CREMATION   23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMA	TORY 23d. LOCATION (City, town or county) (State)
Cremation 5-22-67 Cedar Hill Creme	atory Suitland, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REG STRAR , 25b RECISTRAR'S SIGNATURE
ROBERT A. PUMPHREY, Bethesda, Maryland	MAY 2 4 1967



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys, and and completely filled in by the funeral director, page 3 should be detached for use as the bur altransit permit. Then please remaye carban papers. Pages y and should be fled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after digate. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Beath certificate-be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	-0691	4		CERTIFICAT	TE OF DEATH		06899		
	PLACE OF DEATH				2. USUAL RESIDENCE (	Where deceased lived, if institution: R	esidence before odmission)		
		ntgorery		MARYLAND	o. STATE Florida	Dade	/		
	b CTY OR TOWN (	If outside corporate imit digive nearest town)	5,	C LENGTH OF STAY N 16	c CITY OR TOWN (If or	uts de corporate limits, write RURAL ar	nd give nearest town)		
	Bethes			74 days	North M	ismi			
		AL OR ASTITUTION (If n	ot in haspital,	give street address)	d STREET ADDRESS	10141	e S RES DENCE		
		Hospital			13205 0	oronado Drive	ON A FARM? YES NO V		
3	NAME OF		rst	Middle	Lost	4 DATE Month	Doy Year		
	DECEASED (Type or print)	John Ha	rless	TAWSON		OF DEATH May 10			
_	SEX	6 COLOR OR RACE	7 MARR ED	NEVER MARR ED	8 DATE OF BIRTH		NDER 1 YEAR   F UNDER 24 HRS		
	Male	Cauc	W DOWED	D VORCED	4 June 1	912 54 yrs Mar	nths Doys Hours Min		
100	USUAL OCCUPATION	(Give kind of work done	10b K	IND OF BUS NESS OR	11 BIRTHPLACE (County	& State or fore gricountry)	12 CITIZEN OF WHAT		
Q JT	Navy-Ci	lie even (retred) vil Service	- 12	IDUSTRY	Roanoke	, Virginia	COUNTRY?		
	FATHER S NAME				14 MOTHER'S MAIDEN				
	Ewell L	AWSON			Nellie Cer	rtrude Fleming			
15		R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO 17		Coronado DrAddres N.	Minmi Th		
(Y 6		( f yes give wor or dotes	of service)	27-60-1102			MIAMI, TH.		
=	Yes	CAPIL (C. A			Mrs. Caroly	I M. Lawson	ANTERNAL PERSONAL		
	PART I DEA	EATH (Enter only one cou TH WAS CAUSED BY	ise per line for	(0), (0), ond (()) reinoma of the	e rectum with	n widespread meta	INTERVAL BETWEEN  STASCE IN AND DEATH		
		MMEDIATE CAUSE	(0)			*			
	Canditions, if ony	DUE							
	rise to immediat	e couse (n)	(b)						
	stating the unde last.		(c)						
*	PART I OTHER SI	GN F CANT CONDITIONS		TO DEATH BUT NOT RELATED T	O THE TERMINAL D SEASE CO	NOITION GIVEN IN PART 1(c)	19 WAS AUTOPSY PERFORMED?		
AT C							YES 🔀 NO 🗍		
CERT, FICATION		SUNDERLY NG  CAUSE OF DEATH MEDICAL EXAMINER)	20b DB	SCR BE HOW INJURY OCCURRE	D (Enter noture of injury in	Part I or Part 1 of Item 18)			
MEDICAL	20c TIME OF INJU	10	20d While	Not While f	LACE OF INJURY (Home, for octory, street, office bldg , etc		(County) (State)		
					Feb. 26	967 to May 10	1967 that 05 (we) los		
	saw the de	ereased alve an	ay 10	ded the deceased from	nat death accurred at	120A M, from causes and	an the date stated above		
	220 SIGNAJURE 22b. DATE SIGNED								
	1 Lo	it buin	1.	XI.	M D PHYS	MED DIRECTOR PHYS E	10 May 1967		
	22c. PHYSICIAN'S NAME (Type)		R. His	c, M.D.	Naval Ho	ospital, Bethesda	, Md.		
230	BURIAL, CREMATIC	DNC Z3b DATE IH	EREOF	23c NAME OF CEMETERY O	IR CREMATORY	23d LOCATION (City or Town	(Cnty, (Stote)		
	REMOVAL (Specify	veuto Ast		Woodlawn Co			orida		
24	FUNERAL D RECTO	Joseph G	1967.				AR S SIGNATURE		
2.7		arescent u	re. N.	W. Washingto		0.000	ulas Judge		
	) L.J. II.	Theoring II It			DIMA	17 1967 /Clia	real xubje		

VR A15 (4) 25M 1/67



06915 PLACE OF DEATH COUNTY Montgennery willing RioWN of outside corporate imits write RURAL and give nearest (pwn) Bethesda a NAME DEH JEHTAL DR INSTOLLON NAME OF DECEASED SUAL OCCUPATION ICIVA & dof work done der. 39 of of working the ever fretired) HOUSEWIFE 13 FATHER S NAME -

PART I DEATH WAS CAUSED BY

Co dition: Long which gove ) nse to immediate cause (o), stating the underlying couse

XIFRNAL A "F WA PRIMARY TO OF CONTRIBUTING TO

... ME IT MILKY ME II, JOY, YE.

CAUSE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

North field.

7 MARRIED

WIDOWED

that i hoppital cive street dates,

LENGTH OF STAY IN 40

NEVER MARRIED

106 K NE OF BUSINESS OR

16 SOCIAL SECURITY NO

79-60-7646

Bethesda & STREET AL PRE"

" USUAL RESIDENCE Whose Coll of ver

MORY/ONI.

5513 Northfield Rd Le. Car Pentier OF DEATH

Washington DC 14 MOTHER'S MAIDEN NAME

Laura - PROSPeri (Rice

S ALE I THE

just t in my

17. INFORMANT Daughter Christine - Bross

B CAUSE OF DEATH (Foto) Your cause per tine for (o), by and ich Coronary Insufficency Acute-

Cardio Vascolar Disease-

Vincent Rica

IMMED ATE CAUSE (0)

-AP OTHER NIFICANT CONCURRENCE OF THE DESCRIPTION OF A PART

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and the resulted from Natural crities 💢 Accident [ ] Surade [ ]

m B. Ball

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Not While

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201 Part OF IN RY 'M ne ! ... foctory, street, office bldg , etc.)

TO DESCRIBE HOW INJURY SCOURRED SENter Hurs of it my Post is Part & of stem

1 Leertify that I tack charge of the such described above held an Autopsy [7]. Inspect [7] Hararide I

and in my opinian

PER JEA

22 DATE SIGNED

CHIEF MEDICAL EXAMINER

Address (Street, city, tawn, or county)

WASHINGTON LEMETERY

ACTUAL

SIGNATURE **EXAMINER S** 

NAME (Type)

中

~ 0 ±

MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	2120
CERTIFICATE OF DEATH	

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nay be retained by the hospital or	_	directoril page 3 should be detached for use as the buria transit permit. Then please rea	should be filed with the State Dept of Health prior to buriol,	
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06916	CERTIFICATE	OF DEATH		06901						
o COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (W	here deceosed lived, if institution in the countries in t	IYOn's OTHERY						
b CITY OR TOWN ( f outside corporate limits, write RURAL and give nearest town)	C LENGTH OF STAY IN 16	( C IY OR TOWN (IF autside corporate limits, write RJRAL and give nearest town)								
OTHey		Imory bro	V÷							
d NAME OF HOSPITAL OR INSTITUTION (Find in hospito		d STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NO						
3 NAME OF First	Midd e	Last	4 DATE Month							
(Type or print) 2.1218	Fdward	Lee	OF DEATH MAY	Lt 19 1.7						
S SEX 6 COLOR OR RACE 7 MARRIE	느 느	LL-2-OL	9 AGE (In years ost birthdoy) 93 yrs	Months Doys Hours Min						
10b USUAL OCCUPATION (Give kind of work done during most of working life, even if ret red)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & liarylan)	State or foreign country)	12 CT ZEN OF WHAT COUNTRY?						
13 FATHER S NAME		14 MOTHER'S MAIDEN NA		. 1731						
Fred Jackson		Bessie L	ee							
S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		HEORMANT It comery Gen	Addres	lm y ,						
1B CAUSE OF DEATH (Enter only one couse per hine in PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  Conditions, if only which gove inselve immediate couse (o), storing the underlying couse (c)  Last (c)	to selection	here ording	· du Se 2012	INTERVAL BETWEEN BASET AND DEATH						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  200 ACCIDENT WAS UNDERLYING   20b OR CONTRIBUTING   CITE OF THE PROPERTY OF				19 WA, AUTOFSY PERFORMED? YES NO						
	DESCRIBE HOW NURY OCCURRED (I	Enter nature of injury in Pa	ort Fort Fort For 18)							
Hour o.m. Wh		E OF INJURY Home form ry, street, office bldg , etc )	2Df City or town	ily, (Stote)						
21 1 certify that (1) (this haspital) atters saw the deceased alive an significant	nded the deceased fram 1945, and that	death accurred all	2:20 mg/ram causes o	19 £ 7 that (1) (we) last						
220 SIGNATURE	Z MD		MED STAFF DERECTOR PHYS	226 DATE SIGNED 5 /s /6 2						
220 PHYSICIAN'S A.D. (BOH)	EAHT	22d ADDRESS	y Spaint	Mh.						
230 BURIA REMATION, 236 DATE THEREOF REMOVAL (Specify) 17A4, 8, 196-24 TUNKRAL DIRECTOR  **TONK ALL DIRECTOR**  **TONK ALL DIRECTOR*  **	1 - Name of CEMETERY OR CO 2 KCC III CAK ADDRESS HE II	leve tern	23d LOCAT ON (Lity of T. w.)  Pregistrar 25b Reg  Y 1 1 1967	Steart Charles uses.						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death

VR A15 (4) 25M 1/67

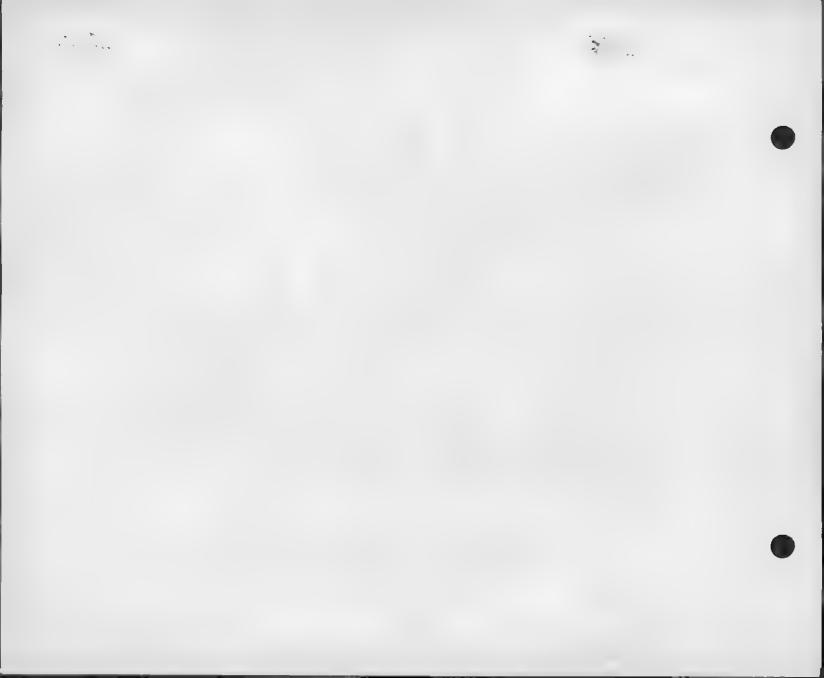


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH **B. COUNTY** n COUNTY a. STATE Montgomery MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest fawn) b. CIY OR TOWN (flourside corporate imits, CLENGTH OF STAY IN 16 write RURAL and give necrest town)
Bethesda be executed within 24 hours 35 Davs North Fort Myers d STREET ADDRESS e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Sun Coast Estates, Route YES NO TO The Clinical Center, Bethesda, Maryland completely fi nove carbon M ddle 3 NAME OF Last 4 DATE DECEASED Catherine Fula DEATH (Type or print) Tee 9 AGE [ n yeps. IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH remove ρV last birthday) DIVORCED WIDOWED Female White January 1920 12 CITIZEN OF WHAT IDa. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fare on country) COUNTRY? during most of working life, even if retired)
HOUSEWLTE INDUSTRY the death cert ficate Georgia 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME removal, Elmus A. Miller Nancy L. Williams 17 INFORMANT The Medical Recorducess IS WAS DECEASED EVER N J S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no grunknown) (fyes give war ar dates of service) The Clinical Center, Bethesda, Maryland signed by the after burial tronsit perm 265-12-1075 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (6) Bilateral pneumonia secondary to E coli septicemia DUE TO 2 days Cardiovascular collapse Canditions if any, which gave rise to immediate cause (a), DUE TO os been as the i stating the underlying cause (a) Blastic crisis - myelogenous leukemia 32 months PART | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY detached for use a PERFORMED? YES 🔀 NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of incry in Part I or Part I of Item 18) 2Da ACC DENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER FUNERAL DIRECTOR: After this cer irector, page 3 should be detached hould be fled with the State Dept. 2Dc TIME OF NJURY Month, Day, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm (City or town) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (A (this haspital) attended the deceased fram 6 April 1967, ta 11 May . 19 67, that (M. (we) last 19 67, and that death accurred at 2:00M, from causes and an the date stated above. saw the deceased auxe on 11 May 22b DATE SIGNED 22a SIGNATURE 11 May 1967 DIRECTOR PHYS MD 22d ADDRESS The Clinical Center, National 22c PHYSIC AN S NAME (Type) Carl E. Kierney, M.D. Institutes of Health. Bethesda 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) E/17/17/17 9 25b REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

- 22-1	1	0691	8		CERTIFICATE	OF DI	EATH			0690	13	
r deoth funero 1 ond er death		PLACE OF DEATH o. COUNTY			MARYLAND		RESIDENCE (Where	e deceosed wed,	b COUNTY	s dence before	odmission)	
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within 24 hr		TAL OR INSTITUTION (IF I		rive street address)	d STREET A	ADDRESS	· Thutpen		e Y	S RES DENCE ON A FARM? 'ES \ NO \		
	NAME OF DECEASED (Type or print)	F	ırst	M.dd1e	Last		DATE OF DEATH	Month	Day	Year 19		
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OR AT be reto DIRECT( 3e 3 shi		220 SIGNATUR 22c. PHYSICIAN		- Brands	MO MA )M	D PRYS	DDRESS DDRESS	CTOR PH	AFF C	5/28/	67	
O HOSPITAL Poge 4 moy O FUNERAL director, po		NAME (Type	e) Hugo (		23c NAME OF SEMETERY OR		0101 9	23d LOCAT ON A		(County)	(Stota)	
Poge 4		REMOVA (Speci	JUNE JUNE	4.1	1-112/11/6/		2So REC'D BY	1426,	2Sb REGISTRA	K, L.	14	
VR A15 (4) 25M 1/67		VITTO	lanibers.	1111	andala 1	11).	DATE IN T				. 200	



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH o STATE YTHUBL d MARYLAND c. LENGZH OF STAY IN 16n d STREET ADDRESS

06919 PLACE OF DEATH 2 USUAL RESIDENCE Owhere deceased lived if institution. Residence before admission o COUNTY b City OR TOWN all outside epiparate limits. c. CITY OR TOWN (If outside carporate limity write RURAL and give nearest town). write RURAL and awe petirest town) Frish. 18 E OF HOSPITAL OR INSTITUTION (If not in hosp to, give street address) e IS RESIDENCE ON A FARM? NO 1× NAME OF Middle DATE DECEASED OF (Type or print) 19 DEATH executed DE .. NOFR 24 HRS 6 COLOR OR RACE 9 AGE (Ir years 7. MARRIED NEVER MARRIED DATE OF BIR last birthdoy) any WIDOWED DIVORCED To USUAL OCCUPATION (Give kind of work done 106 KIND OE, BUS NESS OR 2 C ZEN DE WHAT LACE LEG ipty & State or foreign country during most of working life, even if retired) 11 35/00 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME TOVOT. DEBORAH IS WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no ar unknown) (If yes give war or dates of service) 07 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH MOUNI IMMEDIATE CAUSE (o) DUF TO burial, buria Conditions if only, which gave rise to immediate couse (a). **DUE TO** stating the underlying couse prior to the PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE CONDITION GIVEN IN PART 1(0) WA ALTOPSY PERFORMED? YES T 20g ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month Day Year 20d NIJRY OCCURRED 20e PLACE OF INJURY (Hame form 20f (City or town) (County) (Stote) Hour o.m. Not Whe factory street office bldq etc. of work Ot work 21 I certify that (1) (this hospital) oftended the deceased from James , 19 6 2 to. 19 67, that (I) (we) lost 7, and that death accurad of 6 200 M, from couses and on the date stated above. sow the deceased alive on Ani 220 SIGNATUR PHYS DIRECTOR PHYS 22c PHYS CIAN'S 22d AODRESS FUNERAL NAME (Type) Gilbert Hurwitz director should b 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d LOCATION (City or Town) (County) BENDYAL (Seedly) 5/9/67 Mt. Lebanon Cemetery Hyattsville, Maryland 0 24 FUNERAL DIRECTOR ADDRESS 3501-14th | 250, REC'D BY REGISTRAR 2Sb REG STRAR'S SIGNATURE VR A15 (4) Bernard Danzansky & Sons St.NW, Wash.DC DATE MA 25M 1767

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) COUNTY o STATE b COUNTY MONTGOMER MARYLAND MARZILAND MONTGOMER CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) g NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE papers d STREET ADDRESS ON A FARM? YES NO 4-1. DASS HOSPITAL completely fi tove corbon NAME OF Midd e DATE DECEASED 1960 DEATH event, Type or print) IF . NDER ! YEAR 6 COLOR DR RACE DATE OF BIRTH AGE ( n years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED n ony eve lost birthdoy) Months Davs Hours DIVORCED -21-06 WIDOWED gug 100 USUAL OCCUPATION 'Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CIT ZEN OF WHAT certificate be ding physician of Then please remayol, and it please during most of working life, even if retired) INDUSTRY EQUNIRY? POLAND RETIRED 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MENDEL SAMUEL LEWITZ attending property of the 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address death permit Ion, or r (Yes, no, or unknown) ((If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line fee (a), (b), and (c).) the signed by the burial-tronsit cremat PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse ۵ hos been lost 0.5 WAS AUTOPSY PART I OTHER SIGNIFICANT COND.T.ONS.-CONTRIBUTING TO DEATH, BUT NOT/RELATED 30 THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? Heolth After this cert ficate had be detached for use to State Dept of Health NO (> 200 ACCIDENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED (Effer nature of in any in Port 1 or Port 1 of Item 18) OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept 20e PLACE OF IN JRY (Home form. 20c TIME OF NURY Month, Day, Year 20d IN, JRY OCCURRED 20f (City or town) (County) (Stote) Hour om. foctory street office bldg etc.) Not While ot work at work 2). I certify that (I) (this hospiful) attended the deceased fram TO FUNERAL DIRECTOR: Tand that death accurred at O saw the deceased alive on from causes and an the date stated above 22b. DATE SIGNED 22o SIGNATURI ATTENDING STAFF M.D DIRECTOR PHYS. PHYS director, page should be filed 22d ADDRÉSS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (County REMOVAL (Specify) ELLISAVETERAD CEMETERS WASHINGTON 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived | funstitution | Residence before admission) PLACE OF DEATH b. COUNTY Montgomery Marril and MARY\_AND C LENGTH OF STAY IN 16 c. City OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (It outside carparate limits, write\_RJRAL and give nearest tawn) Silver Spring 30 days d NAME OF HOSPITAL OR INSTITUTION, I not in haspital give street address) d STREET ADDRESS e IS RESIDENCI ON A FARM 1104 Goschere Ave. Mont tower General Hospital NO Tex 4 DATE Midd e Last Axel Tá nd Carl (Type or print) DEATH 6 COLOR OR RACE B DATE OF BRTH AGE (in years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED last birthday) Haurs White DIVORCED 11 B RTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work dane) 10b K ND OF BUSINESS OR CQ\_NTRY ? Portrington Pump during most of working life, even if ret red) Sweden Ingineer 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Treel Allred Sind Johanna Christina Lind 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Cartin (Yes, na, or unknown) (If yes give war or dates of service) 136-07-5657 Hospital Records, 1B CAUSE OF DEATH (Enter only one cause per line for (p) (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm, (City or town) (Caunty) (State) Hour am factory, street, affice blda., etc.) Not While at work to 19 / that (i) (we) lost of the december of 21. I certify that (I) (this hospital) attended the deceased from 1/2 - 3 sow the deceased alive on. 22a SIGNATURE GM DIRECTOR PHYS 22d. ADDRESS 22c PHYS CIAN'S

NAME OF CEMETERY OR CREMATORY

Fort Lincoln Crematory

23d LOCATION (City or To

Prince Georges Co

executed-within 24 nours after deoth remove Page 4 may be retained.

TO FUNERAL DIRECTOR: After this certificate management of the page 4 may be detached far use come 3 should be detached far use

funeral 1 ond ter death

a. COUNTY

3 NAME OF

S SEX

DECEASED

Male

NAME (Type)

23b DATE THEREOF

230 BURIAL, CREMATION,

REAL TYPE PER STIPLY

VR A15 (4)

20 M 1/66



06922

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

DODAY

V					
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Reside	ance before admission)			
O COUNTY MONTGOME ZV MARYLAND	D STATE B SOUNTY				
h CITY OF TOWN III outside cornorate mits CENCIH OF STAY IN IN		a negrest fown			
write RURAL and give nearest town)	C	,			
Color of the second					
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e S RES DENCE ON A FARM?			
2 " will in a diving!		YES NO			
3 NAME OF DECEASED (Type or print) LOWISE A. LINTHIC	Lost 4 DATE Month OF	Doy Year			
		17 19 67 R 1 YEAR   F UNDER 24 HRS			
FEMALE WE'LL WOOWED DIVORCED	lost birthdoy) Months	Doys Hours Min.			
TO MARIE MARIA		IT ZEN OF WHAT			
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b KIND OF BUS NESS OR , INDUSTRY		OUNTRY?			
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME	id			
20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Willie Anna Luxdex Innede	»u			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO	17 INFORMANT Addre				
(Yes, no, or unknown) (f yes give wor or dotes of service) 578-32-7097	The state of the s	,			
	- DANUE OF	The second of the second			
18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b) and (c)) PART I DEATH WAS CAUSED BY	1 . 1	ONSET AND DEATH			
IMMED ATE CAUSE (0) CE 14 67 ( 2 36	e lice dant	, nº 0			
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(onditions, if any, which gove ) (b) All where.	Melh ten	12			
rise to immediate couse (a), [ DIIE TO	<i>p</i>				
stoting the underlying couse (c)	ela vas				
PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAJA, DPSY			
E TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO MENTED	THE TERMINAL DISEASE CONDITION OFFER IN TAKE TO	PERFORMED?			
20% VCCIDENT MAS LINDEDIAING		YES NO			
OR CONTRIBUTING CITCAUSE OF DEATH  (IF FITHER MOTIFY MEDICAL EXAMINE)	RED (Enter nature of injury in Port I ar Port I af item 8)				
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Hour o.m While Not While	foctory, street, office bldg., etc )				
p m	1 2 2 2	111			
21 I certify that (I) (this hospital) attended the deceased from	n 10-1, 19-27, to 11/2-1/1, 19	-, that (I) (we) la			
	that death accurred at 5:10 M, fram couses and an				
220. SIGNAFURE	ATTENDING/ MED STAFF 22b	DATE SIGNED			
1. Test be altered	MD PHYS DIRECTOR PHYS 5	-17 -6%			
22c. PHYSICIANI8	22d ADDRESS				
NAME (Type)	* * * * * * * * * * * * * * * * * * * *				
230 BURIAL (REMATION   236 DATE THEREOF   230 NAME OF CEMETERY	Y OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)			
REMOVA. (Specify)	3	(coeuta) (mois)			
	1. 14 24				
24 FUNERAL DIRECTOR - TOTAL TOTAL ADDRESS	250 REC D BY REGISTRAR 256 REGISTRARS	SIGNATURE			
and the state of t	ALAN TO COOK ONLY				

will the true they

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and cancietely filled in by the Pages director, page 3 shauld be detached for use as the burnal-transit permit. Then please remayer action papers. Pages Land 2 shauld be filed with the State Dept of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after-death Page 4 may be retained by the hospital ar attending physician

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) P COUNTA Rhode Island Montgomery MARYIAND C LENGTH OF STAY IN 16 b CTY OR TOWN (I outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give natirest town) write RURAL and give necrest town) 1 day North Kingston d STREET ADDRESS S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) The Clinical Center, Bethesda, Md. 20014 340 Annaguatucket Road YES TO NO TO M ddfe Lost 4 DATE Month (None) Lioce Sabine May Type or print) DEATH 6 COLOR OR RACE 7 MARRIED T B DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS NEVER MARRIED tost birthdov) WIDOWED DIVORCED September 3, 1918 White 12 CITIZEN OF WHAT On HISHAL OCC., PATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 10b K ND OF BUSINESS OR during most of working ide, even it retired). Aircraft Mechanic Airlines Rhode Island 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Conchetta Razza Joseph Lioce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Recondess (Yes, no, or unknown) (If yes give wor or dates of service) The Clinical Center, Bethesua, Md. 20014 1940-1962 035-01-6209 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Severe calcific aortic valvular stenosis INTERVAL BETWEEN ONSET AND DEATH eterminate DUE TO Conditions, if ony, which gove (b) DUE TO 19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)

rise to immediate couse (o), stoting the underlying couse lost.

200 ACCIDENT WAS UNDERLYING . 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING ETICALISE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. T.ME OF INJURY Month, Day, Year Hour o.m.

20d INJURY OCCURRED of work of work 21 I certify that XIX (this haspital) ottended the deceosed from May 3

20e PLACE OF NJURY (Home, form foctory, street, office bldg., etc.)

(City or town)

22d ADDRESSThe Clinical Center, National

Institutes of Health, Bethesda, Md

(Stote)

YES TX

NO

sow the deceased alive an May 1, 1967, and that death accurred at 7:30 M, from causes and an the date stated above. 22b DATE S GNED 220 SIGNATURE 团 4 May 1967

NAME (Type) T Alan S. Rosenthal. MD 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION

1'AY 8/67

23d LOCATION (City or Town)

(Stote) CRANSTON, RHODE ISLAND

24 FUNERAL DIRECTOR

22c PHYSICIAN

o. COUNTY

3 NAME OF

S SEX

and in any

5

signed by the atten burial-transit permi

for us

the death certificate

DECEASED

Male

Yes

ST.AMMIS CENETERY ADDRESS 250 REC'D BY REGISTRAR

25b. REG STRAR'S SIGNATURE

d rector, page 3 should should be filed with the S VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH USUAL RESIDENCE 4/\* o. COUNTY COUNTY INCIPLATE JAY IN IN T NAME OF POSPITA OR INST. JOH avin state, or to 10 Molif. 1 TREET ADDRESS DN A FARM? s Office along with farm 8 NAME OF M ddle OF DEATH DECEASED Type or por t 3FX NEVER MARRIED WIDOWED DIVORTED . 10/16/01 IA F WHAT NTRY Pennsylvania Examiner 3 FATHER : NAME 14 MOTHER'S MA DEN NAME 17 INFORMANT Medica (Yes, no, or unknown) (If yes give war or dates of service) 63-12-7606 Kathryn E. Lloyd- wife same item #2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) DASET AND DEATH event PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) Chronic alcoholism rise to immediate couse (a). DUE TO stating the underlying couse PART > THER JUNISTANT CONCE. IN TAKE NOT SEATH BUT NOT RELATED. THE "RM NALL AS " Y & N AR removal, 20o. EXTERNAL CAUSE WAS 205 DESCRIBE HOW INJURY DCCURRED (Enter nature of injury in Port I or Port II of item 18.) PRIMARY Or CONTR BUTING CAUSE DE DEATH 20d INJURY DCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) Hour om While Not While at wark 15 ph 1 18 21 | certify that | k to be of the to a ined to remand a Authory X deeth resisted from Hen ide 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER may be re DEPUTY MED CAL EXAMINER 5 may 10 FUNE Heo'th Res & Lynnet REMOVAL (Specify) Silver Spring Marvland Gate of Heaven Burial BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) Tyson Wheeler Funeral Home 6M 1/67 Rockville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved of institution o COUNTY b COUNTY MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate I mits, Wheaton days d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) 3002 Blueridge Avenue 4. DATE NAME OF Middle Lost DECEASED Marie (Type or print) DEATH requimes that the death certificate be axecuted SEX 6 COLOR OR RACE B DATE OF BRTH 9 AGE in years 7 MARRIED NEVER MARRED remove lost b rindoy) WIDOWED 1Db KIND OF BUSINESS OR 100 JSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) pring most of working life, even if retired) Just home Baltimore, Maryland
14 MOTHER'S MAIDEN NAME and vousewet e 13. FATHER S NAME Caroline Krenger Ernest Sittig 17 INFORMAN 16. SOCIAL SECURITY NO (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (q) signed by the burial-transit | PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DJE TO Conditions, if ony, which gove rise ta immediate cause (a), stoting the underlying couse PART I OTHER SIGN F CANTACONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART 100 O MESMITAL OR ATTINDING PEYSICIAN: 200 ACC DENT WAS UNDER, YING L. 1 20b DESCR BE HOW AJURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 1B OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home form, 2Dc TIME OF INJURY Month, Doy, Year 2Dd N.JRY OCCURRED (City or town) Hour om. factory, street, office bldg , etc.) Not While

of work

21 I certify that (I) (this haspital) attended the deceased from.

23b DATE THEREOF

saw the deceased alive on

220 5 GMA

23a BURIAL CREMATION

24 FUNERA, DIRECTOR

REMOVA. (Spec fy)

of work

TO FUNERAL DIRECTOR: director, page 3 shauld be filed VR A15 (4)

23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cometeru

and that death accurred

22d ADDRESS

23d LOCAT ON (City or Town)

(County)

IS RES DENCE

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Months

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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1 PLACE OF DEATH 0. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
Montgomery MARYLAND	0 STATE D COUNTS
b CITY OR TOWN (IF outside corporate limits   c LENGTH OF STAY IN 16	c C TY OR TOWN (If autside corporate mits, write RJRAL and give nearest town)
write RURAL and give nearest town)	Washington, D.C.
Rockville d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address)	d STREET ADDRESS e IS RESIDENCE
Potomac Valley Nursing Home	+537 - 38th. St. N.W. YES NO X
John First Thomas (Type or print)	Long OF DEATH 5 /2 967
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (In year TE JNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED   DIVORCED	Nov. 7,1890   lost birthdoy)   Months   Days   Hours   Min
100 US_AL OCCUPATION (G ve kind of work done 100 KIND OF BUSINESS OR	11 B RTHPLACE (County & State or foreig country) 12 CTIZEN OF WHAT
during most of working life, even if retired) INDUSTRY  Dental Technician	Maryland
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
James M. Long	Jane H. Bailey
	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)  Yes WW 1 579-60-6910 M.	no tolde I I am Than # 2
	rs Julia J. Long- Item # 2
18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b) ond (c)) PART DEATH WAS CAUSED BY	MINIST AND DEATH
IMMED ATE CAUSE (0) actall cary:	eless (cold feeless of do
DUE TO	A' li kili
(b) Conditions, if ony, which gove this to immediate cause (o),	salve Mean dizers 5 75
stoting the underlying couse DUE TO	· /
last (1) felicación col	contence selection 10 100
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART IIC;  19 WAC A TOPSY PERFORMED* YES \( \bigcap \) NO \( \bigcap \)
G OR CONTRIBUTING CLAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of in ury in Port - cr Port II of item 18.)
20x T ME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e P.A	CE OF INJURY (Home form 20f 11 ty a town) (Founty) State) fory, street office bldg letc)
pm. 19 / of wark 🗆 at work	
21 I certify that (1) (this haspital) attended the deceased from_	Uco 6, 19 66, to Uca, 12, 1901 that (1) (we) la
saw the deceased alive an // 5 / 12 1967, and tha	t death accurred at $q \geqslant M$ , from calkes and on the dote stated above
22a SIGNATURE	ATTENDING MED STAFF 22h DATE STORED
MI A A MI	
200 PHYSIC AN SUNAME (Type)	7652 16 6 4 4 4 4 100 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
230 BURIA, (REMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Tuwn) (County) (State)
Burial 5/15/67 St. Josephs	Morganza, Maryland
Tyson Wheeler Funeral Home-1331 Rocky	250 REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
*	ille Pike MAY 16 1967 & molecular
Rockville.Md.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funder director, page 3 should be detached for use as the burial-transit permit. Then please ramove-garban papers. Pages, Laga should be fired with the State Dept of Health prior to burial, cremation, ar remayal, and in day event, within 72 hours after deal Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased fixed if institution Residence before admission) \_o (OUNTY Mary LAND HIDE & CONTROL OF THE RURAL and guy , we street acdres math farm 3 NAME OF DECEASED DEATH Madical Examiner's Office along A CO. OR IR RA. AGE (In years WIPOWED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 14 MOTHER'S MAIDEN NAME 3 FATHER > NAME es, no, or unknown) (If yes give war or dates of service IF CAUSE OF DEATH E to gry ying on so per in ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (O) DUE TO Condia doir which gove octro - contents rise ta immediate couse (o), stating the underlying couse PAR THER SNIF CAN FONCITION' CONTRIBUTION DEATH BUT NOT RELATED IN THE TERMINAL RREL TO SE THE ST KIMAR & MIRIBITING A FIRE SEATH M IN IRY N + : and in my opinion Notoral cooses CHIEF MEDICAL EXAMINER may be re 23d LOCATION (City of Town) (Caunty) Silver Springs GATE OF HEAVEN 4739 Baltimore Ave. Hyattsville, Md. DAI-

may 112



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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PLACE OF DEATH

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o COUNTY o. STATE Maryland b. COUNTY Montgomery MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest towns CITY OR TOWN of Jurside responde limits, CLENGTH OF STAY N 16 Silver Spring Silver Spting 3 days d STREET ADDRESS d NAME OF MOSPITA. OR INSTITUTION (finot in hospital, give street address) 10210 Capitol View Avenue Holy Cross Hospital 4 DATE 3 NAME OF .nst DECEASED May Bradley Lund John DEATH Type or print) 5 SEX 6 COLOR OR RACE 1962 9 AGE IN VAORT 7 MARRIED NEVER MARRIED B DATE OF BIRTH November 29.1963 WIDOWED DIVORCED Male Cauc ~ USMAL OCCUPATION | ve kind of work done FOL & NE OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) None of working the even if retired) None Washington, D.C. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Melinda Middleton Jeffrey Lund WAS DECEASED EVER IN 1. S. ARMED FORCES? 17 INFORMANT 16 SOC AL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 9400 Adelphi Road None Jeffrey Lund Adelphi. Haryland 18 CAUSE OF DEATH (Enter inly one couse per line for (or jb) and (c) PART I DEATH WAS CAUSED BY Rilateral lobular nneumoni. IMMEDIATE CAUSE (o) DUE TO Conditions if any which gave Stylra derecras : ' .ma use to immediate couse (a). DUE TO stating the underlying couse last PART II OTHER'S GMIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1101 ŀ 20b DESCRIBE HOW N.JRY OCCURRED (Enter nature of in ury in Port or Port Lof Item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20e PLACE OF INJURY Home, form 20c T ME OF NILRY Month Day, Year 20d IN.JRY OCCURRED MEDI. factory, street office bldg etc.) HOUT O'M Not While at work of work \_\_ 21 I certify that Ligak charge of the remains described above, held an Autapsy \(\sigma\) Inspect an death resulted from Accident Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MED CAL EXAM NER **SIGNATURE** EXAMINER'S " NAME (Type) Address (Street aty) (Swar or county) 230 BURIA CREMATION LOCATION REMOVAL(Specify) Fort Lincoln Cemetery Surial

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ng physician and completely filted in by the funeral. Then please remove carbon papers. Pages 1 and 2 removal, and in any event (withwa?? hours after death PLACE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

06923 CERTIFICATE OF DEATH

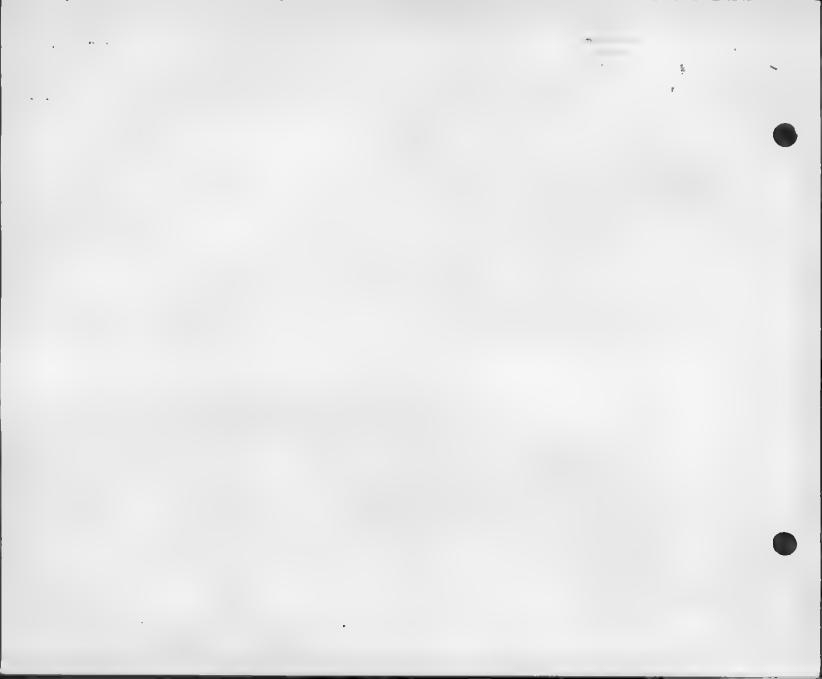
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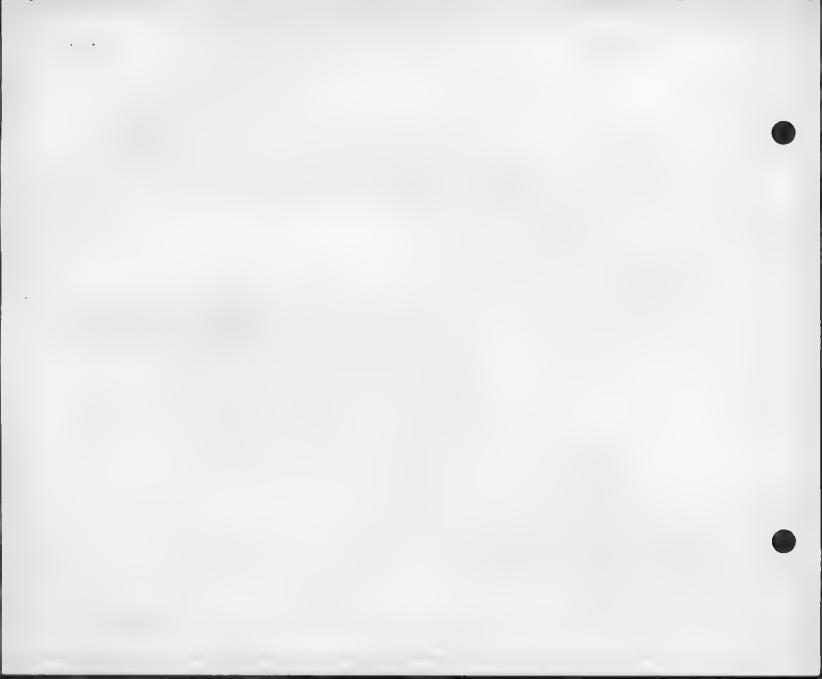
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230	BLR AL (REMATION, 23b DATE THE REMOVAL (Special)		23c NAME OF CEA				LOCAT ON (City or To		(County)	,	lote)		
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and complete director, page 3 should be detached for use as the burial-transit perm to Then please remove cortishauld be filed with the State Dept. of Hea th prior to burial, crematian, or removal, and in ony event.) VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE Who The Les in CLENGTH OF STAY IN 16 U 10 we street oddre 1 J STREET A DRI State ( NAME OF DECEASED Type or print, 0.39 6 COLOR OR RACE MARRIER WIDOWED DIVORGED s Office I UAL OCC PATION G VERE d To skigane THE BUTINESS OR ", N OF WHAT de po nost it w ixing e even fretired). Own home affi wurded to the Chief Medical Examiner 13 FATHER'S NAME 14 MOTHER'S MAJDEN NAME 72 haurs IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) within . 1B CAUSE OF DEATH (Enter only one couse per le event v IN ANE . A.H PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ward DUE TO Била any Canditions, if any, which gove rise to immediate couse (a),  $\subseteq$ DUE TO stating the underlying cause last used MAR IN OTHER MIEMANT CONDITIONS AND R THE TO DEATH BUT NOT RE ATEC TO THE TERMINAL OF A FIRM WELLIN PAK remayal, E.P. RIVIL CERTIFICATIF 9Q 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) A should PRIMARY I or CONTRIBUTING I b CAUSE OF DEATH 40 JRK. 20. PLACE . N. RY , F DE, " LIME or NUJRI Month, ody, Your MED! factory, street, office bldg. etc.) Hour am While Not While of work at work 21. I certify that I mak charge of the remains described above hald on A to y ore of a pron death resulted funnix Natural couses Undefermined manner may be re FUNERAL I prior SIGNATURE 5 may 170 FUNER Health 1 Suitland, Cedar Hill. Cemetery Maryland A. RIA D C. Glen Carte 434 Georgia Avenue vrey, Inc. Silver Spring, Md. VR ATSME (5) 6M 1/67



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OR AT	FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	Exa		22 C SIGNATURE	: Le	666	८ १ त	1-2	Eld	-1		ATTENDING PHYS 22d. ADDRESS	MED DIRECTOR	S1	HYS _	22b DA	-> "	> 4	. 7
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Rockville, Maryland



DIVISION OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, if institution a. COUNTY MON162 7.12 MARYLAND b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outside corporate I m is, write RURAL c. LENGTH OF STAY IN 16 1d 3 ve write RURAL and give neerest town) d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO IZ etely 3. NAME OF Midd e DECEASED (Type or print) DEATH 19 6 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. lest birthdey) pue Months WIDOWED I DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13 FATHER'S NAME ding please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ( 16. SOCIAL SECURITY NO Yes. no, or unkown) (Ifyasgivawarordatesofservice) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ? gave rise to immediate cause DUE TO (a), stating the underlying PART II OTHER'S GNIFICANT CONDITIONS "ONTRIBUTIN" LO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ONDIT ON GIVEN IN PART 1 19. WAS AUTOPSY PERFORMED? 20a ACCIDENT WAS UNDERLYING 🖂 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH WEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a PLACE OF INJURY (Home larm, 20f. (City or town) factory, straat, office bidg., atc.) While \_Not While Hour a.m. al work 21. I certify that (I) (this hospital) attended the deceased from 7, and that death occurred at \$2 \times M from the causes and on the date stated bove saw the deceased alive on 22b. DATE ATTENDING PHYS M D O HOSPITAL death. Page 4 22c. PHYSICIAN'S Richard M. NAME (Typa) director, 1 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) pring, Maryland Gate of Silver 25a, REC'D BY REGISTRAR , 2Sb 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 uneral

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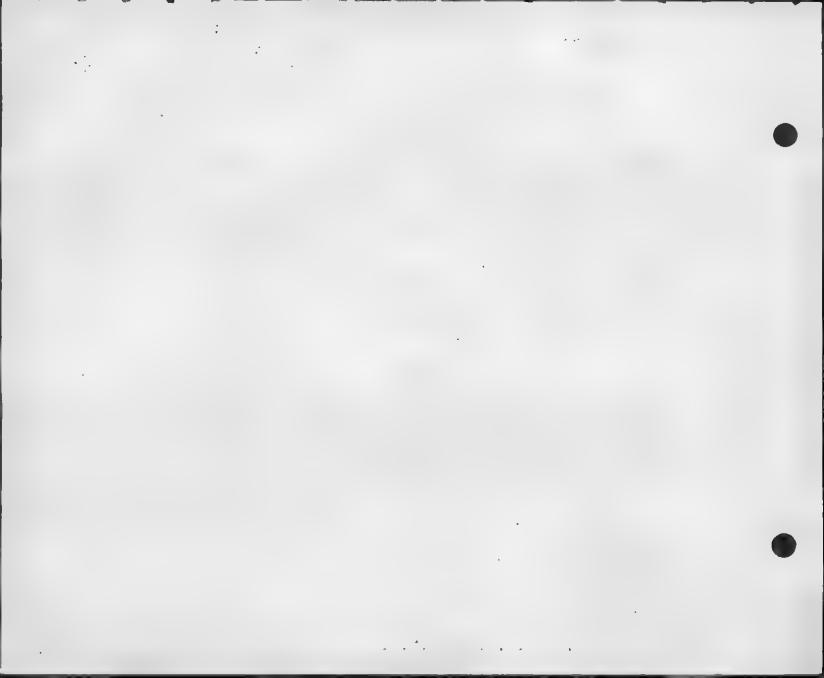
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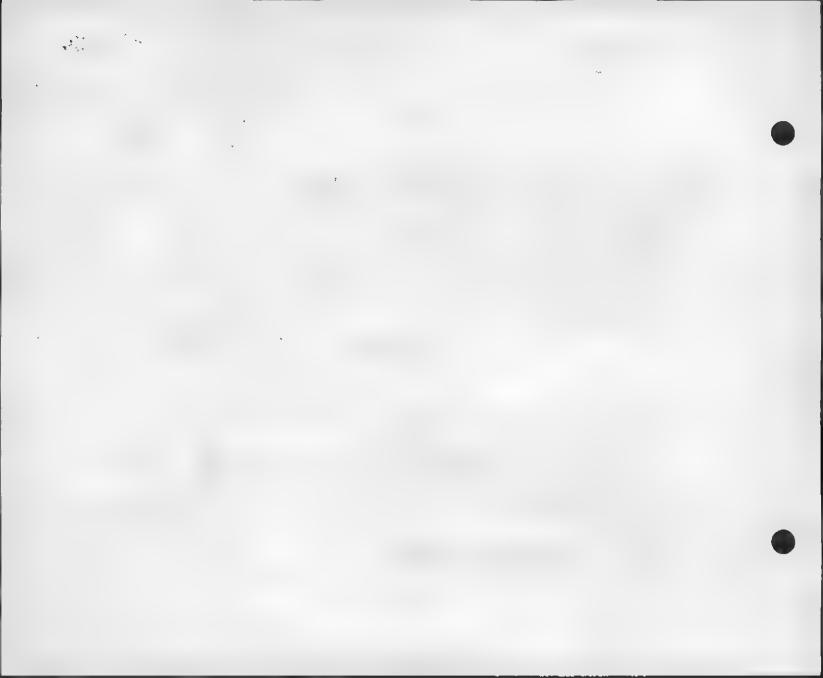
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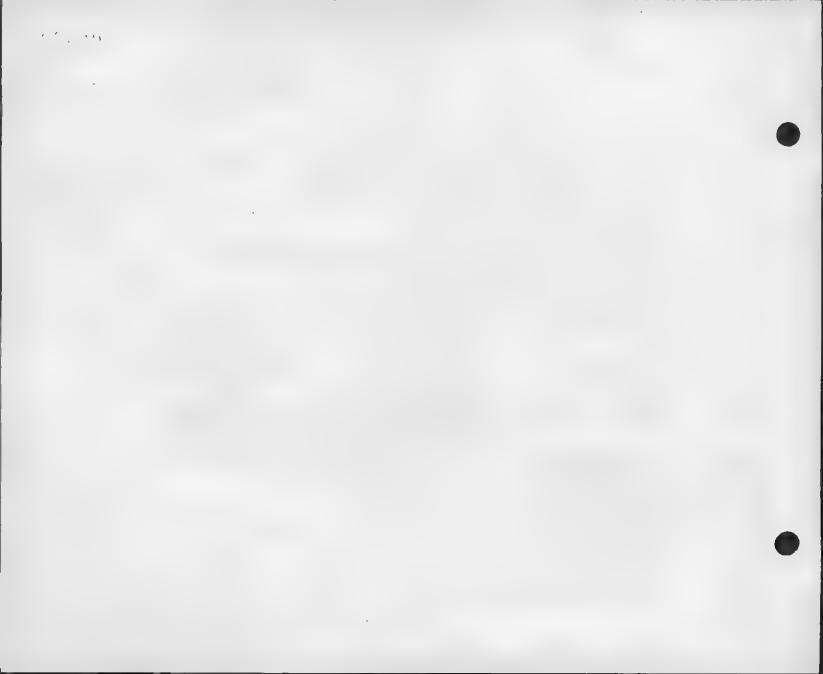


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 86834 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTHADEPT. 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o COUNTY ENOTH OF STAY IN b OWIC AC AUT TAIL OF TAIL OF THE SMAN DE d STREET AS ORE S Tom PKins NAME OF DECEASED Type pont DEATH IT INDER TY AR 6 'DIOR OR RACE NEVER MARR ED 1 B DATE OF BIRTH AGE (In years lost b rinday) DIVORCED WIDOWED IAm . MPAT Th ( upve kin that work done 12 CITIZEN OF WHAT 10h KIND IF BUSINESS OR gudtof the if ver retured UJUNTRY? 24 S - ~ ~ = 12 x 22 13 FATHER'S NAME 4 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT (Yes, no gar Junk nown) (If yes give war or dates of service 18 CAUSE OF DEATH Enter only the couse poline for Asphyxia elusto Drowning PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to. DUE TO Conditions, if ony, which gove nse to immediate couse (o), DUE TO stoting the underlying couse los1 AND ARVE AN ARVEST AN ARVEST AN ARVEST FOR THE TERM NO. SEAST AN ARVEST AND ARVES AND ARVEST AND ARVES AND ARVEST AND ARV removal, NO X EX ERNA. A ISE ... A K MARY N PIBLITING 200 CE OR BE HOW INDURY "URRED inter r re . . . Po 5 when Weding and Slipped on Rock JRRED W work Ware .1 I certify that I hak charge of the rend above held on Autopsy may be retained f death Ited from Natural couse Accident 🔀 Cade Homeride Undeter nine I have as CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED prior **SIGNATURE** DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city town, or county) S O ± VR A 15ME (5) 6M 1,67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o COUNTY o. STATE Maryland Montgome rv Montgome ry MARYLAND within 24 hours after b CTY OR TOWN (It outside corporate limits CLENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) vears Bethesda Bethesda d NAME OF HOSPITAL OR INSTITUTION (If not in hospitoligive street address) 6 IS RESIDENCE ON A FARM? d. STREET ADDRESS 9506 Old Georgetown Road 9506 Old Georgetown Road NO X 3 NAME OF Middle Lost Month DECEASED E. GERTRUDE McDONALD May 19 67 (Type or print) DEATH 9 AGE (Ir year. IF \_NDER 1 YEAR S SEX 6 COLOR OR RACE B DATE OF BIRTH 7 MARRIED NEVER MARRIED 80 birthday) Sept. 7,1886 White DIVORCED Female WIDOWED 5 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? S. Lowa Housewife 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Michael Manion Bridgette Covne 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address Same as Item 2. (Yes, no ar unknown) (It yes a ve war ar dates of service) Whittinghill 2696 Loyola Nο INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per . ne for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: signed by 1 burial-trans IMMED ATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause EK/10SCLELOSIA WA ALTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GOVERN IN PART 1(3) PERFORMED? NO. 20g ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW NURY OCCURRED (Enter nature of mory in Port Lior Part Liaf Item 18.) OR CONTRIBUTING ET CAUSE OF OFATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c TME OF NJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm 20f (City or town Hour a.m. factory, street, affice bldg., etc.) Not While 21 I certify that (I) (this hospital) attended the deceased fram. and that death accurred at 8 A., M., from causes and an the gate stated above saw the deceased alive/an // wills DIRECTOR: 22o SIGNATURE MD director, poge should be filed 9420 Old Georgetown Rd. 27c PHYSIC AND 0 HOSPITAL FUNERAL CONNOR Bethesda, Maryland NAME OF CEMETERY OR CREMATORY CREMATION 0 Dunlap. Iowa 250 REC D BY REGISTRAR 256 REGISTRAR S SIGNAT liantes VR A15 (4) 25M 1/67 Home, Arl. Va.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08930 CERTIFICATE OF DEATH death death. pub funeral 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o STATE o COUNTY unlaner MARYLAND within 24 hours after C LENGTH OF STAY IN 1b outside carparate limits, write RURAL and a ve project tawn b CITY OR TOWN (If outs de comporate I mits. d STREET ADDRESS S RES DENCE campletely filed in ave carban gapers. d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) eyent wyhin 72 NO X DATE OF DEATH M ddle 3 NAME OF DECEASED (Type or print) S SEX 8 DATE OF 7 MARRIED X NEVER MARR ED and in any W DOWED D VORCED and 12 CITIZEN OF WHAT 10b KIND OF BUS NESS OR BIRTHPLACE (County & State, or fore an country) certificate be COUNTRY? 13. FATHER'S NAME remayal, **INFORMANI** (Yes, no, or unknown) (If yes give wor or dotes of service) 77-03-6299 18/CAUSE OF DEATH (Enter only one couse per ne for (o), (b) and (c)) INTERVAL BETWEEN signed by the burial-transit Sudden PART I DEATH WAS CAUSED BY Jocardial invarculon. racour IMMEDIATE CAUSE (a) DUE TO cren mi occlusien Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying cause has been se as the Coronary arteriosclerosis 9 WA ALTOPEY PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? TO FUNERAL DIRECTOR: After this certificate had director page 3 shauld be detached for use shauld be filed with the State Dept. at Health p NO OR ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Df (( 'y or town) 20c T ME OF INJURY Month, Day, Year 2Dd INJURY OCCURRED 20e PLACE OF INJURY (Home form Haur om Not While factory, street, office bldg etc.) deceased fram 1/-3 1965 to 5 25, 1967 that (I) (we) last 1967, and that death occurred at 6 M, from causes and an the date stated above 21 I certify that (I) (this haspital) attended the deceased fram 1/- 3 25, 1967 that (1) (we) last saw the deceased a ive an 5 - 15 J. Brennan May 26,1967 M D PHYS DIRECTOR 22c PHYS CIAN S 22d ADDRESS O HOSPITAL NAME (Type), 23d LOCATION (City or T. wn. 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b DATE THEREOF Burial Specify) Leesburg Cemetery Lessburg, Virginia
GISTRAR 256 REGISTRAR JIMA URF
1007 5-29-67 250 RECD BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 PUMPHREY, Bethesda, Maryland DATE JU



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DEATH CERTIFICATE OF 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admyss on) PLACE OF DEATH b. COUNTY 3 o STATE o COUNTY MARYLAND b CITY OR TOWN (If outside corporate c CITY OR TOWN (If autiside corporater limits, write BURA, and give nearest town) m ts CLENGTH OF STAY N 16 requires that the deoth certificate be executed within 24 haurs aft wite RURAL and give nearest town d STREET ADDRESS d NAME OF HOSP, TAL OR INSTITUTION (16 not in hasp to a ve street oddress) ON A FARM? DATE 3 NAME OF M.drt e OF DEATH DECEASED (Type or print) remove car AGE (In years SEX 7 MARRIED COLOR bit doy) Months WIDOWED D VORCED C TIZEN OF WHAT 10b K ND OF BUSINESS OR during most of working life, even if retired) INDUSTRY ease 14 MOTHER'S MA DEN NAME 13 FATHER'S NAME 17. INFORMANI Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war of dotes of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on y one couse per ne far (a), (b), and (c)) PART I DEATH WAS CAUSED BY MMED ATE CAUSE (a) DUE TO signed | burial-tr Conditions if any which gove rise to immediate couse (o), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been last 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18) 20° ACC DENT WAS UNDERLY NG ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home form, 2Df (City or town) 2Dc TIME OF NURY Month, Doy, Year Not While factory, street, office bldg., etc.) ot work 21. I certify that (I) (this hospital) attended the deceased fram. and that death occurred at ZPM, fram causes and an the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22o SIGNATURE ATTENDING PHYS DIRECTOR director, page shou dibe filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 230 BURIAL CREMATION BREMOVE (Spricity) 5-9-67 Woodlawn Cemetery Baltimore, Maryland **ADDRESS** 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ROBERT A. PUMPHREY, Bethesda, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 05922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Whe a ecueu ve " o STATE b COUNTY Montgomer LENGTH OF STAY IN D " IY OR TOWN It noted a partie in white a JEA write RJRAL and give nearest town) Bathesd Bethescle d NAME TE HOSE TAL OR INST DIT ON IF cot in hispital give street addre 1 d STREET AS RET 5480 - Wisconsin AVe 3 NAME OF DECEASED OF DEATH (Type or prints 8 DATE OF BIRTH 7 MARRIED [ NEVER MARR ED 9 AGE RY you the ten WIDOWED TO DIVORCED 105 USUAL OF UPATION Give kind of work done 10b KIND OF BUS NESS OR dianginist of working the even fret red) May fond Hazisenife. Kebecke- Friedman LOUIS. Lev 15 WAS DECEASED EVER NOS ARMED FORCES? 16 SOCIAL SECURITY ND 7 INFORMANT Rosolie - Koonin 574-22-9204-A 18 CAUSE OF DEATH Enter only one couse per time for (a) (b) and c Coronary Insufficency Acute PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) \_ DUE TO Carelio Vascular Discose-Cinditions forly which gave ) rise to immediate cause (a), DUE TO stating the underlying couse PAR I OTHER SIGN FIGHT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERM HALD DEATE ONE OF THE PARTY. No X · EXTERNA "A F WIS" 20" DES RIBE HOW INTURY OF URRED "Enter some if a country for of te PRIMARY I or CONTRIBUTING I CAUSE OF DEATH CHY YOU MENT NO THE THE THE THE THE 2 IN IR UCCURRED Je PrAT Jr N IRY mme 1 21 I certify that I took charge of the remains described above held an Autopsy [ ] death resulted fram Natural causes X, Accident J, Suicide J, Hamilide J 22 DATE SIGNED SIGNATURE VE ATSME .. Runeal Home 4217- 9# John Judge



			.25	-Wheek
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	Page 4 may be refained by the haspital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filed in by the fungral	lirector, page 3 should be detached for use as the bunal-transit permit. Then please remaye carbon papers. Pages Mand 200	shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after dead
TENDING P	ned by the	R: After thi	uld be dete	the State D
AL OR ATT	ay be retail	AL DIRECTO	page 3 sha	filed with
TO HOSPIT	Page 4 mx	TO FUNERA	director, (	shavid be

VR A15 (4) 20 M 1/66

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1	d NAME OF HOSPIT	AL OR INSTITUTION (f no	n hospital, g	ive street oddress)		d STREET ADDRESS	rti [	rive			ON A FA	NO C
	NAME OF DECEASED (Type or print)	Grank Fr	t	Midale		linno	4 DATE OF DEATE			Doy	9	67
	male	6 COLOR OR RACE white	7 MARRIED WIDOWED		- N	DATE OF BRIM Gr 10, 1880		9 AGE (In years last, birthday) 9 yrs	Months	Doys	Hours	M n
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23	REMOVAL (Specify	al. May 6,		Holy Drin	rity .	emetery	East	OCATION (City or To	,		Penr	tate)
2	4. FUNERAL DIRECTO	to of hell	Lynes, 8	34 ADDRESS		MAY			CONCE			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a STATE a COUNTY MARYLAND rcian and campletely filled in by the tease remove carbon papers. Pages and in any eyent, within 72 haurs after c CITY OR TOWN (If outs de corporate limits, write RURAL and a ve neorest town) CLENGTH OF STAY IN Ib b CITY OR TOWN (I outside corporate limits write RURAL and give nearest town) Girman TEUM S RES DENCE ON A FARM d STREET ADDRESS d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO TE NAME OF M.ddle 4 DATE Month OF DEATH DECEASED 19 (Type or print) Jar AGE F UNDER 24 HRS (In years 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED last birthday) Hayrs WIDOWED DIVORCED 6 12 CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane IOD KIND OF BUSINESS OR 41, BIRTHPLACE (County & State or foreign country) COUNTRY? during mast af working life, even if retired) INDUSTRY by the attending physician transit permit. Then please crematian, ar remaval, and i 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME eonardE. MiTas IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor ar dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter on γ one cause per ne for (a), (b) and (c).) signed by the burial-transit burial, cremati ONSET AND DEATH PART I DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) physician. DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO r this certificate has been si detached far use as the b te Dept, af Health priar ta b stating the underlying cause by the haspital ar attending last ATTENDING PHYSICIAN: The law 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? CERTIFICATION YES [ NO 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18) 200 ACC DENT WAS UNDERLY NG detached for the perfect of the perf OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20e PLACE OF INJURY (Hame, farm, (State) 20d. INJURY OCCURRED 20f (City or town) 20c TIME OF INJURY Month, Day, Year Наыг от Not While foctory, street, affice bldg., etc.) While at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 10 that (1) (we) last Page 4 may be retained M, from causes and on the date stated above. 19 and that death occurred at saw the deceased alive an\_ 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR PHYS. agad ADDRESS 22c. PHYSICIAN'S directar, po shauld be f NAME (Type) 23a BURIAL CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify)

VR A15 (4) 4 20 M 1/66

FUNERAL DIRECTOR OAITHE ROISUL

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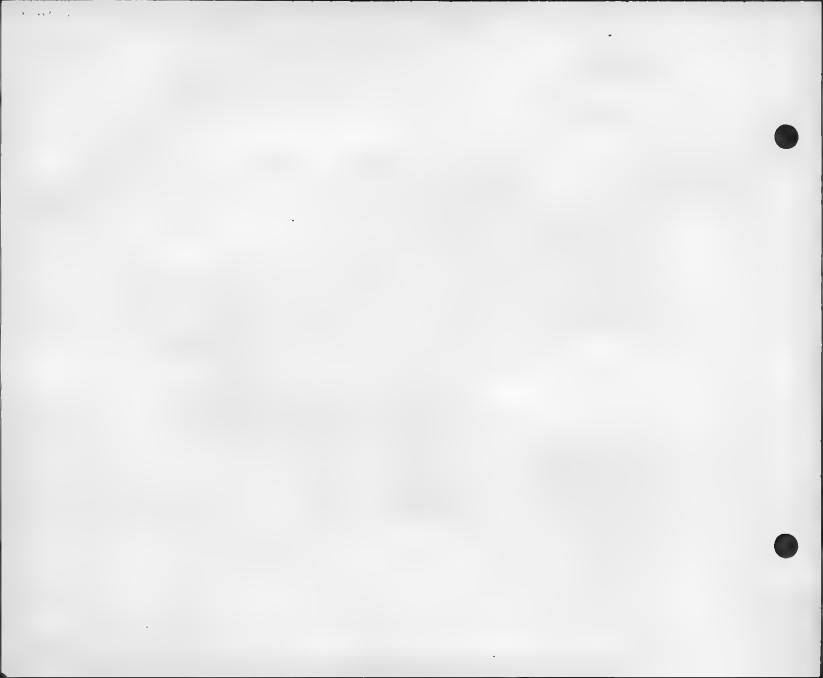
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	0 .		INTERVAL BETWEEN
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20c I. I certify that (1) (this hospital) ottended the deceosed from saw the deceosed olive on 2 / 2 / 1962, and th	ACE OF INJURY (Home, farm citary, street, office bldg., etc.)	20f (City or town)	7.19, that (I) (we) los and on the date stated above
20c I.ME OF INJURY Month, Doy, Year Hour a.m. 19 While of work of work of twork of two company to the deceased from 19 Ottended the deceased from 19 Ottende	ACE OF INJURY (Home, farm ctary, street, office bldg., etc.)	20f (City or town)	€ 7, 19, that (I) (we) los
20c I.ME OF INJURY Month, Doy, Yeor Hour o.m. pm.  19	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.)  2 / / , , , , , , , , , , , , , , , , ,	9 C 1, to 3/3/9, 504M, from couses of	7, 19, that (I) (we) los and on the date stated above
20c I. I certify that (1) (this hospitel) oftended the deceosed from saw the deceosed olive on 2/2 S GNATURE  21. I certify that (1) (this hospitel) ottended the deceosed from 19/220 S GNATURE  22c PHYS CIAN S	ACE OF INJURY (Home, farm citary, street, affice bldg., etc.)  2 / // , Tot death occurred of	9 2 2, to 37 3 2, 52 4M, from couses of	7, 19, that (I) (we) los and on the date stated above
20c I. I certify that (1) (this hospital) ottended the deceosed from saw the deceosed olive on 2 2/ 1967, and the large flagge f	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.)  2 / / , , , , , , , , , , , , , , , , ,	9 2 2, to 37 3 2, 52 4M, from couses of	7.19, that (I) (we) los and on the date stated above
20c I.ME OF INJURY Month, Doy, Year Hour a.m. p.m. 19   20d INJURY OCCURRED   20e PL While   Not While   of work   of work   of work   of work    21.   certify that (1) (this hospital) attended the deceased from saw the deceased alive on   2/2   1967, and the   22c PHYS (IAN S NAME (Type)   6-cc. sgC V Schen 1/2	ACE OF INJURY (Home, farm ctary, street, office bldg., etc.)  Of deoth occurred of PHYS  AD PHYS  22d ADDRESS	9 C 1, to 3/3/9, 504M, from couses of DIRECTOR PHYS	19, that (I) (we) lose and on the date stated above 22b. DATE SIGNED 5/3/67
20c I.ME OF INJURY Month, Doy, Year Hour o.m.  p.m.  19   20d INJURY OCCURRED   20e PL While   Not While   for work   19   of	ACE OF INJURY (Home, farm chary, street, office bldg., etc.)  Of deoth occurred of PHYS  AD PHYS  22d ADDRESS	9 C 1, to 3/3/9, 524M, from couses of DIRECTOR PHYS D	22b. DATE SIGNED  22b. DATE SIGNED  5/3/6/7  (County) (State)
20c I.ME OF INJURY Month, Doy, Year Hour a.m. p.m. 19   20d INJURY OCCURRED While   Not While   19   19   19   19   19   19    21.   certify that (1) (this hospital) attended the deceased from   1967, and the   220 S GNATURE  220 S GNATURE  221   PHYS (IAN S NAME (Type)   1967   19	ACE OF INJURY (Home, farm chary, street, office bldg., etc.)  Of deoth occurred of AD PHYS  22d ADDRESS  R CREMATORY  Emetery	9 C 1, to 37 3 9.53 M, from couses of DIRECTOR PHYS  23d LOCATON (City of Down)	19, that (I) (we) lose and on the date stated above 22b. DATE SIGNED 5/3/67
20c I.ME OF INJURY Month, Doy, Year Hour a.m. p.m. 19   20d INJURY OCCURRED While   Not While   19   19   19   19   19   19    21.   certify that (1) (this hospital) attended the deceased from   1967, and the   220 S GNATURE  220 S GNATURE  221   PHYS (IAN S NAME (Type)   1967   19	ACE OF INJURY (Home, farm chary, street, office bldg., etc.)  Of deoth occurred of PHYS  AD PHYS  22d ADDRESS	9 C 1, to 37 3 9.53 M, from couses of DIRECTOR PHYS  23d LOCATON (City of Down)	22b. DATE SIGNED  22b. DATE SIGNED  5/3/6/7  (County) (Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera director, page 3 shalld be detached far use as the burial-transit permit. Then please remaye garban papers. Pages 1 and shau die filed with the State Dept. of Hea th prior to burial, crematian, ar remayal, and in any event, within 72 nours after ded TO HOSPITAL OR ATTENDING PHYSICIAN: The aw requires that Page 4 may be retained by the haspital ar attending physician.

aw requires that the death certificate be executed within 24 haurs ofter death

VR A15 (4) 20 M 1/66

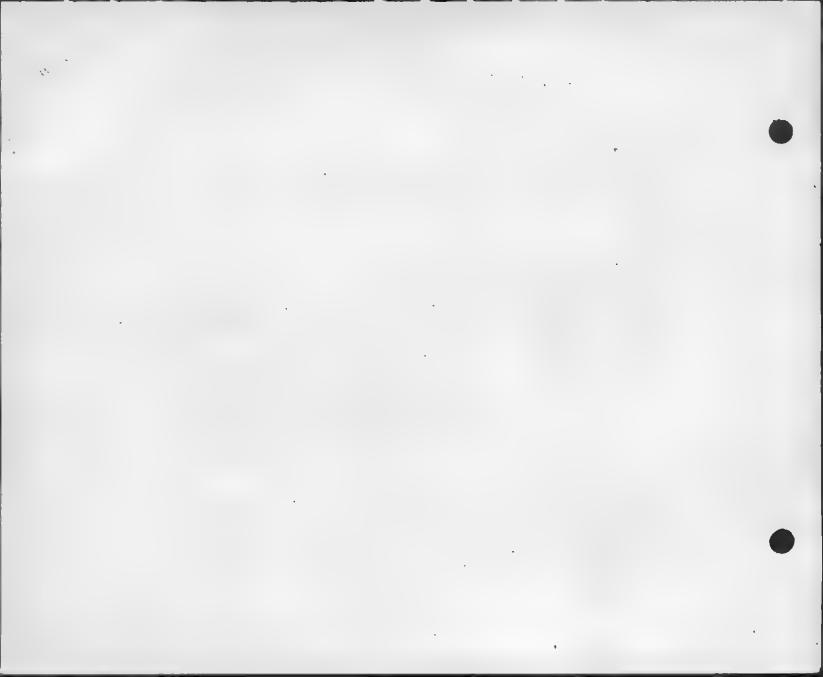


death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciary and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and he are within 72 hours after death. after TO BORNIAL OR ATTERNIES BY SEASON THE LAW THE LAW the death cartificate by mecanted within 24 hours Page 4 may be retained by the hospital or attending physician.

06943		OF DEATH	STREET, BALTIMORE 1, MAR	
PLACE OF DEATH  a. COUNTY  Madde Coame and	MARY! AND	2. USUAL RESIDENCE ( a. STATE	Where deceased lived, If institution: Resident b. COUNTY	ce before admission

out in toki	L OI DERINI
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
McNt Gomery MARYLAND	a. STATE b. COUNTY L'. OO.
b. CITY DR TOWN (if outside corporate limits   L.c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)  Silver Secing  //days	M. Rainier
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
1111111	214 DI TSI I A CO ON A FARM?
-tarland Nursing Home	1.3200 Khode 1 Sland AVE YES   NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Gleanor Hookey	Moor   DEATH 1 123 5 19 37
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. ACE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
temale White WIDOWED DIVORCED	6-20-01 65 yrs.
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
<u>Clerk</u> -	IWashington, D.C U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas R. Nailey	Mathryn Murray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
Yes //TT 565-12-8942-4	- Mrs. C. T. ri .s. offen (aler ade-
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	(STST - 1) PASS I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	UNSEL AND DEATH
INMEDIATE CHOSE (a)	
Cenditions, If any, which \ (a) Call browner	for the state of t
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last. (c)	TO THE THE PARTY OF THE PARTY O
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIABLE TO DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES 7 NO 7
20a. ACCIDENT WAS UNDERLYING   1 20b. DESCRIBE HOW INJURY OCCI	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
	,
10	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m.  p.m.  19 white Not white at work at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	Cynl25, 19 67-to Mars, 1967, that (1) (we) last
saw the deceased alive on	t death occurred at 37 M, from the causes and on the date stated above.
22a. SICUATURE	22b. DATE SIGNED
1 was to sale.	ATTENDING MED. STAFF MILE TO PHYS DIRECTOR DENES TO PHYS DIRECTOR DENES TO THE PHYS DIRECTOR DENES TO
M.I	D. PHYS. DIRECTOR L PHYS. L PHYS. L PHYS. L
NAME (Type) BORIS KABKIN	13194 - 1 1 +d (12)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
Burial 5/8/67 Cerar dill	Cem ter / Suitland.
24. FUNERAL DIRECTOR TILE IS SUME TO ADDRESS to Man	1 12 . 0 2 25a. REC'D BY RECISTRAR   25b. RECISTRAR'S SICNATURE
Ho e inc.	TO TOTAL STATE OF THE STATE OF
	DAMAY LU ISOL

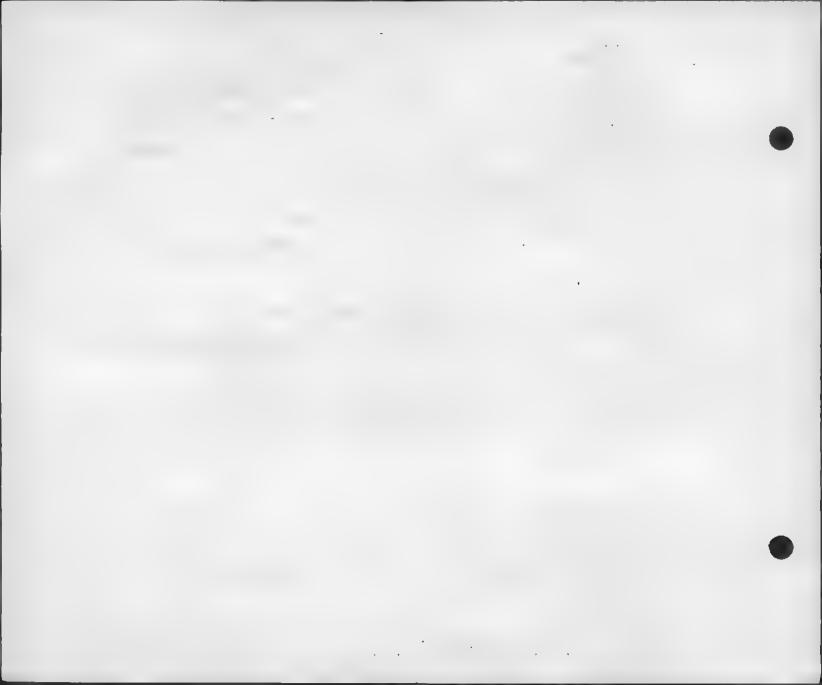
VR A15 (4) 20M 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

26944	CERTIFICAT	E OF DEATH		06927
1. PLACE OF DEATH			Where deceased lived if institution Residen	ice before admission)
° MONTGOMERY	MARYLAND	NORTH CAL	ROLINA	
b C,TY OR TOWN (If outside corporate limits	c LENGTH OF STAY N 16	c CITY OR TOWN (If au	its de carparate limits write RURAL and giv	e negrest town)
write RURAL and give neorest town) BETHESDA	8 DAYS	NEWBERN	New Bern	nh
d NAME OF HOSPITAL OR NSTITUTION (If not in hosp to ,	g ve street address)	d. STREET ADDRESS		e IS RES DENCE ON A FARM
NAVAL HOSPITAL		RT # 3,B(	OX 58-E NEWBERNE	YES NO
NAME OF First	Middle	Last	4 DATE Month	Doy Year
(Type or pnnt) GWENDOLYN	PHYLECI	MOORE	DEATH MAY	11 19 67
S SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X	8 DATE OF BIRTH	9 AGE (In years IF LNDER lost birthdoy) Months	Doys Hours Min
FE N WIDOWED	DIVORCED	3 AUG 51	15 yrs	
	IND OF BUSINESS OR IDUSTRY	11 BIRTHPLACE (County)		TAHW TO NEWHAT
N/A	1503141	New Bern,	North Carolina	U.S.A.
13 FATHER S NAME		14 MOTHER'S MAIDEN N	NAME	
SAMUEL L. MOORE				
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) [(If yes give war or dates of service)]	SOCIAL SECURITY NO 17	INFORMANT	Address	
NO	N	avy_Records_		
18 CAUSE OF DEATH (Enter only one couse per line for				INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) LET	occipital pa	rietal brain	abacess, etiology	UNSET AND DEATH
DUE TO		undetermi	ned	
Conditions, if ony, which gave (b)				
rise to immediate couse (a), DUE TO				
lost. (c)				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19 WALAUTOPSY PERFORMED?
AIO				YES NO
	SCRIBE HOW INJURY OCCURRED	Enter noture of injury in	Port Lor Part LoF item 18.)	
- 101 Mile of		ACE OF INJURY (Home, form octory, street, office bldg, etc.)		enty States
P III OT WOL	k 🔲 at wark 🔲			
21. I certify that (I) (this haspital) atten	ded the deceased fram_		9_67 to May 11 _, 19	_67 that (M) (we) last
saw the deceased alive an May 11		at death accurred at		
220 SIGNATURE		ATTENDING '	MED CTACE TO	May 1967
Je our	A	A D PHYS 22d ADDRESS	DIRECTOR PHYS A	
NAME (Type)D. R. Foreman			Hospital, Bethesda,	Md.
230 BURIAL, CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City or 1 wc)	(County) (State)
REMOVA (Sperty)		CACHAIOKI	200 COCKHON TORY OF WY	
	National Ce	metery	New Bern North Ca	erolina
24 FUNERAL DIRECTOR John T. Rhines &		~	D BY REGISTRAR 256 RESISTRAR'S	

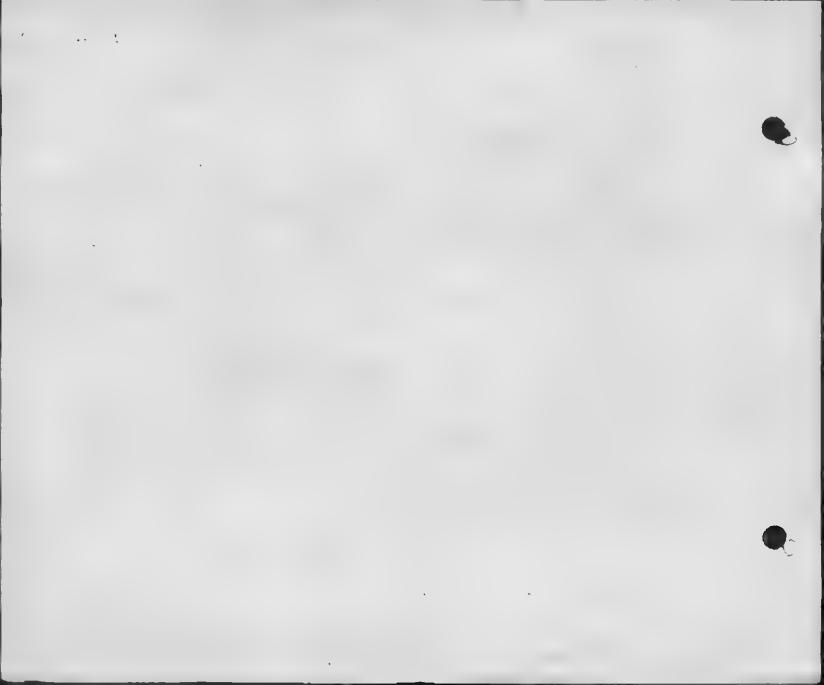
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove far been pages. Pages I an should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours afforced. Page 4 may be retained by the hasp to or attending physcian VR A15 (4) 25M 1/67



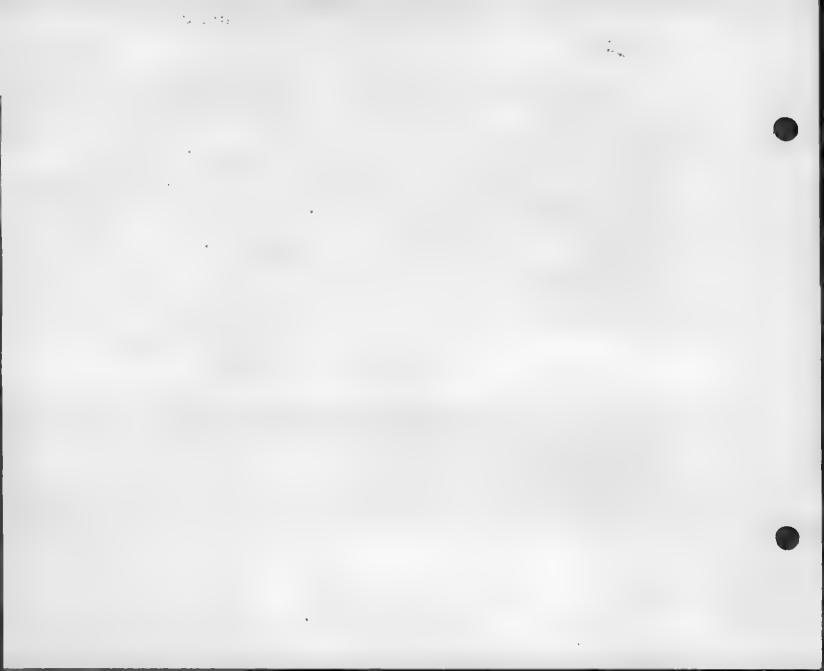
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) COUNTY. b. COUNTY Maryland Prince George papers. Pages 1 hin 72 haurs ofter MARYLAND 9 Cm executed within 24 hours ofter CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR IDWN (If outside corporate limits, write RURAL and give rearest town) Greenbelt wheaton e IS RESIDENCE DN A FARM? d. NAME OF HDSPITAL OR INSTITUTION (If not in hosp tol. give street oddress) d. STREET ADDRESS Woodland Way YES NO TO 3 NAME OF 4 DATE Lost Manth DECEASED OF DEATH (Type or print) OFFIS S SEX 8 DATE OF BIRTH AGF (In years 6 COLOR OR RACE NEVER MARR ED last birthdoy) Haurs WIDOWED DIVORCED Ter. Do USUA, OCCUPATION (Give kind of work done 10b KIND DF BUS NESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT the deoth certificate be physicion o nen please U.S.A. during most of working life, even if retired) INDUSTRY Virginia 13 FATHER S NAME 14 MOTHER'S MA DEN NAME cremation, or removol, attending phys James Rowe Isabell White IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIAL SECURITY ND 17 INFORMANT Address (Yes, no, or unknown) (If yes g ve war ar dates of service) Mrs William Hoore Greenbelt, Maryland NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the burial-transit p burial, crematic PART DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **DUE TD** Canditions, if any which gave rise to immediate cause (a). DUF TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending t te hos been last. 05 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 205 DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (State) Hour am. factory, street, affice bldg., etc.) at work at wark TO FUNERAL DIRECTOR: After win. 1962 to //lay 1967, that ATh (we) last 21. I certify that (1) (this hospital) attended the deceased from. director, page 3 should should be filed with the 19 6 and that death occurred at 2 42AM, from cooses and on the date stated above. saw the deceased alive an \_ 220. SIGNATURE 22b. DATE SIGNED PHYS PHYS DIRECTOR 22d ADDRESS NAME (Type) CUMBIA SILVER SPRING BLBD 230. RURIAL CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY DR CREMATORY 23d LOCATION (City or Town) **23b** DATE THEREOF (County) (State) Deerfield Rocky Springs Virginia 2Sa REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) Churchville, Virginia 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Montgomery Paruland b. CITY OR TOWN (if outside corporate limits CITY OR TOWN 'If ould do corpored I'm to write R Write RURAL and give neerest town) 2 months Wheaton d NAME OF HOSPITAL OR INSTITUTION , finot in hispite, giv is earleddress d STREET ADDRESS ON A FARM? Randolph Hills Nursina Home 2330 Glenmont Circle YES NO NO 3. NAME OF Middle DECEASED (Type or print) Bessie DEATH 6 COLOR OF RACE 7. MARRIED THEVER MARRIED 9. DATE OF BIRTH 9 AGE IN YOURS IN UNDER 1 YEAR IF UNDER 24 HRS lest birthday) | Months | Days and WIDOWED [ 10a LEUAL OCCUPATION G VE kind of work 106. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own home MOUSEWLE 13 FATHER'S NAME 14 MOTHER S MAINEN NAME ple Hadie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unkown) (If yes give war or detes of service) 14113 Chelsm Ford Good Moser Rockville, Mary Larad a BETWEEN 1 18 CAUSE OF DEATH junter only one cause of PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) gave rise to immediate cause (e), steting the underlying FATHER TINGT CHATELITY THE TERMINAL NEW ECONOIL NIGHT NIGHT NIGHT PART II OTHER SIGNIF. ANT CONDITIONS PERFORMED YES INO I 200 MOLIDENT WAS INDEKLYIN . 2 b. OF . . E HOW NULRY OF JRED er siure of jury in Part I Fest (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJJRY OCCURRED 20e, PLACE OF INJURY Him farm 20t. ity or own 20c TIME OF INJURY Morth, Day, Year lectory, street, office bldg., etc.) While Not While Hour am al work | et work .2, 6. ..., 12, , that (1) (we) last 21. I certify that (1) (this hospita) after sed the secessed from saw the deceased alive on... and that death occured at M, from the causes and on the date stated above 220 SIGNATURE ATTENDING MED. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type 23% BURIAL CREMATION. 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATURY 23d LOCATION LIV. OWN OF COURTY REMOVAL (Spicify) 2408 Richville, Maruland BU Georgia Avenue 25e REC D BY REGISTRAR 256 REGISTRAR SIGNATURE Pumpirrey.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 72 hours after death the death cert ficate be executed within 24 hours after geat PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o. STATE Maryland Montgomery Montgomery MARYLAND b CTY OR TOWN of outside corporate limits write RURAL and give neorest town) c LENGTH OF STAY IN 16 c CITY OR TOWN ( flautside carporate limits, write RURA, and give nearest town) Onev Damascus d NAME OF HOSPITAL OR NST TUTION (If not in hospital give street address) d STREET ADDRESS ON A FARM 9601 Main St. Montgomery General Hospital YES NO THE 3 NAME OF DECEASED Winifred (Type or print) E. Mullinix DEATH May S SEX B DATE OF BRTH 6 COLOR OR RACE 7 MARR ED X NEVER MARRIED 9 AGF (In years FUNDER 1 YEAR remove, ost hirthday) White Jan. 3, 1893 Female W DOWED DIVORCED [ 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (Caunty & State or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY? House vife Damascus, Md. Own home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Levi Pearce Marian Jones IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) **212-10-3964**B Herman W. Mullinix. No 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))
PART DEATH WAS CAUSED BY INTERVAL BETWEEN signed by the burial-transit p burial, cremotic ONSET AND DEATH IMMEDIATE CAUSE (0) \_ DUE TO Conditions if any which gave rise to immediate couse (o), hos been s se os the b th prorto b stoting the underlying couse by the hospital ar attending PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ITOL 19 WAS AUTOPSY PERFOR MED? O FUNERAL DIRECTOR: After this certificate NO TX 200 ACC DENT WAS UNDERLY NG 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Hour am. foctory, street, office bldg., etc.) Not While of work of work 21 I certify that (I) (this hospital) attended the deceased from Page 4 may be retained 220 5 GNATURE ATTENDING DIRECTOR director, page 3 PHYS 22c PHYSICIAN'S NAME (Type) M. McKendree Boyer, 22d. ADDRESS 9761 Church Street 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) ((ounty) Burlal (Specify) May 8, 1967 Damascus Meth. Damascus, Md. 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR VR A15 (4) Olin L. Molesworth, Damascus, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	W		06948	CERTIFICATE	OF DEATH		06931
ır death	- oneral		PLACE OF DEATH a COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (W o. STATE Washington	there deceased lived, if institution b. COUNTY	Residence before odmission)
urs after	Pages		b CITY OR TOWN (If outside corporate imits write RURAL and give nearest tawn)	c length of stay in 16	c CIY OR TOWN (If our	tside corporate limits, write RURA.	ond give nearest tawn)
1 24 hours	lled in propers		d NAME OF HOSPITAL OR NSTITUTION (If not in University Nursin, 1)		d STREET ADDRESS	nbia Rd 257	e IS RESIDENCE ON A FARM? YES NO
within	Target )	3	NAME OF First DECEASED	Made ude nmn Wacib	Lost	4 DATE Month OF DEATH	Doy Year
executed	comp ove	5	SEX 6 COLOR OR RACE 7		1/29/1394		UNDER I YEAR IF UNDER 24 HRS onths Doys Hours Min
	icton and lease rem		LSUAL OCCUPATION (Give kind of work done ring most of working life, even if retired)	10b K NO OF BUSINESS OR INDUSTRY HOME	Tachau CE  14 MOTHER'S MAIDEN N	& State or fore gn country)	COUNTRY?
certificate be	phys en p sval,		FATHER'S NAME  Joseph Hiller		Marv_		
death	affending permit Th on, or remo		was deceased ever in u.s. armed forces? es, no or upknown) (If yes give wor or do'es of si	ervice)	nformant . mohd. Magi	lวอHใช้หัน siumulo? 7071–o.	?d., "
hat the n.	orsit per		18 CAUSE OF DEATH (Enter only one couse PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Coronary Thr	mbosis	-	INTERVAL BETWEEN ONSET AND DEATH
quires t	igned to		Conditions, if any which gave (b) rise to immediate couse (c), DUE TO	Oritmes Schoo	tic Henet	disease-	3 years
low re-	been s is the t		stoting the underlying couse (c)  PART II OTHER S GNIFICANT CONDITIONS CON	Generalized	atherosc.		4 release
N: The or offe	r use o	CEBTICECATION	Distriction Mellitus 200 ACCIDENT WAS UNDERLYING		n Decul	rti	PERFORMED? YES NO
IYSICIA hospitol	certific ched fo pt. af H		OR CONTRIBUTING CLAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c   TME OF INJURY Month, Day, Year		E OF NJURY (Home, farm	<u> </u>	(County) (State)
ING PI	fter this be deta state De	MENICAL	Hour o.m.	While - hat While - foct	ory street, office bidgi, etc.)		
ATTEND tained	should the S		saw the deceased at ve an 220 SIGNAPURE	ung 30 1967, and tha	t death accurred at	12.400 M, from cocses and	on the date stated above
AL OR A	L DIRECTOR 3 Filed w		The PHYSICIAN'S	Syn his MI	ATTENDING PHYS 22d ADDRESS	MED STAFF DIRECTOR PHYS	3-31-67
HOSPITAL ge 4 moy	O FUNERAL director, pa shauld be fi	2	NAME (Type)  BURIA. CREMATION, 23b DATE THERE			23d LOCATION (City or Town)	
01 02	5 2 2		REMOVAD(Specify)  4. FUNERA. DIRECTOR	ADDRESS ADDRESS	250 RECT		RAR'S SIGNATURE
-	VR A15 (4) 20 M 1/66		Canton Ge	michon Si	DATE SU	103/103	A Company of the Comp



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		369	49		CER	TIFICATE	OF	DEATH				nan	22.
		PLACE OF DEATH o. COUNTY Muntgom	erv		1	MARYLAND		Maryla	Where deceased live	d, f institute b. COUN	TYYT	ingt or	indston)
	· ·	b CTY OR TOWN I	Fouts de corporate limi I give nearest tawn)	S <sub>A</sub>	c length of s		€ CIT	OR TOWN (Fo.	itside carparate lim e1d	ts, write RUR	At and give	nearest taw	m)
		_	,		spital, give street oddress thesda Mary		d STR	Box 3				AE2 ON	RESIDENCE A FARM? NO 🔀
	3 1	NAME OF DECEASED (Type or print)	F	rry	M adle		ylor	lost , Sr.	4 DATE OF DEATH	Month M	ay	Dογ 18	Year 19 57
	s s M	six [ale	6 COLOR OR RACE White	7 MA WID	1		_ / _	of Birth December	lost	(In years birthday) 5 yrs	Months		NDER 24 HRS Urs Min
	dum	ng most of work ng Painte	l(Give kind of work done life, even if retired) I <sup>n</sup>		105 KIND OF BUS NESS ( INDUSTRY	)R		Maryl		ountry)	(0)	ZEN OF WHADINTRY? JSA	AT
		Reuben					N	other's Maiden Laude Cl	ine				
	IS IYe	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates	of serv ce	16. SOCIAL SECURITY N 188-09- <b>5</b> 2				dical Rec				
		1B. CAUSE OF DEA	TH WAS CAUSED BY IMMEDIATE CAUSE		ine for (a), (b), and (c).) Iemorrhage	left_ca	rot	id arter	·y				R BETWEEN ND DEATH YS
		(ond.t.ons if ony, which gove nise to immediate cause (o) stoting the underlying couse (c) (c)									2 mon	ths	
	ATION		GNIFICANT CONDITIONS		JTING TO DEATH BUT NO	T RELATED TO 1	HE TERM	AMAL DISEASE CO.	NDITION GIVEN IN F	'ART I(a)			AUTOPSY ORMED? NO
	L CERT F CATION		SUNDERLY NG INCAUSE OF DEATH MEDICAL EXAMINER)		205 DESCRIBE HOW INJUI								
	MEDICAL	Haur o i	η 19		20d INJURY OCCURRED While Not While of work of work	foct	ory, stree	JRY (Home, forn it, office bldg., etc	)	or town)	· ·	inty)	(Stote)
		saw the d	fy that (1) (this ha eceased alive on_	spital) Ma	ottended the decea y 18 1967	sed fram <u>th</u> , and tha	ebru t deat	ary 9,	19 <u>67</u> , to <u>1</u> 6:101M, fra	May 18	and an th	ne date st	x) (we) las ated abave
		226 SIGNATURE  226 SIGNATURE  ATTENDING MED DRECTOR STAFF E 19 May 1967  226 PHYSICANS 1224 ADDRESS The Clinical Cinter, National											
1	230	NAME (Type	James J		Man, M.D.	CEMETERY OR		nstitut	es of Hea	lth,	bothe,	sda, Mc	(Stote)
,		REMOVAL (Specifical)	5/21	196	7 St. Jo	hn			Sabilla	asvi.ll	e, Fr	ederio	, ,
	24	FINERAL DIRECTO	if Pac	24	Waynesbo		nna,		P BY SENSTRAISE	7 255 1	GISTRAR S S	And June	ye

hastrs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remover carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, cremation, or removal, and in any ¢vests within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 1 20 M 1/66

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06950 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission o. COUNTY o STATE b COUNTY Hamiland MARYEAND b CITY DR TOWN ( Fourside corporate limits, LO LU TO TE MY C LENGTH OF STAY IN TO c CITY OR TOWN ( flouts, de corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ensington Silver Soria d NAME DE HOSPITAL DR INSTITUTION ( finat in haspital, give street address) S RES DENCE ON A FARM? d STREET ADDRESS Hola Cross Hospital 3012 Jennings Road ND F raletely f NAME OF M.ddle 4 DATE Month DECEASED (Type or print) CHESTER DEATH F UNDER 1 YEAR F JNDFR 74 HRS 6 CDLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BERTH AGE ( n years lost birthdoy) Months Hours 10a. JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working if e, even if retired) INDUSTRY COUNTRY? the death cert ficate 1 . 2 d Cr. Gan ONSTRUCT 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME removal, Edward Charles Neece Delthia Mullins 17 INFORMANT CARROLLA AREO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give, wor or dates of service 6 233-14-063 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) al-tronsit PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO Conditions, flony, which gove to rise to immediate couse (a), DUE TO stoting the underlying couse PART II DTHER'S GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISPASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO IX this certificote 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY DCCURRED (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING ( CAUSE OF DEATH 9 detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20e PLACE OF INJURY (Home, form 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED (C ty or town) Hour a.m. foctory, street, office bldg, etc. Not While 21. I certify that (I) (this hospital) attended the deceased from 1967 1967, and that death accurred at 572,2 M, from causes and on the date stated above saw the deceased alive an TO FUNERAL DIRECTOR: 220 SIGNATUR M D 22c. PHYSICIAN S 22d ADDRESS NAME (Type) 230 BURIAL, CREMATION 23c NAME OF CEMETERY DR CREMATORY REMDVAL (Specify) Parklaun Cemeteru 2So RECD BY REGISTRAR

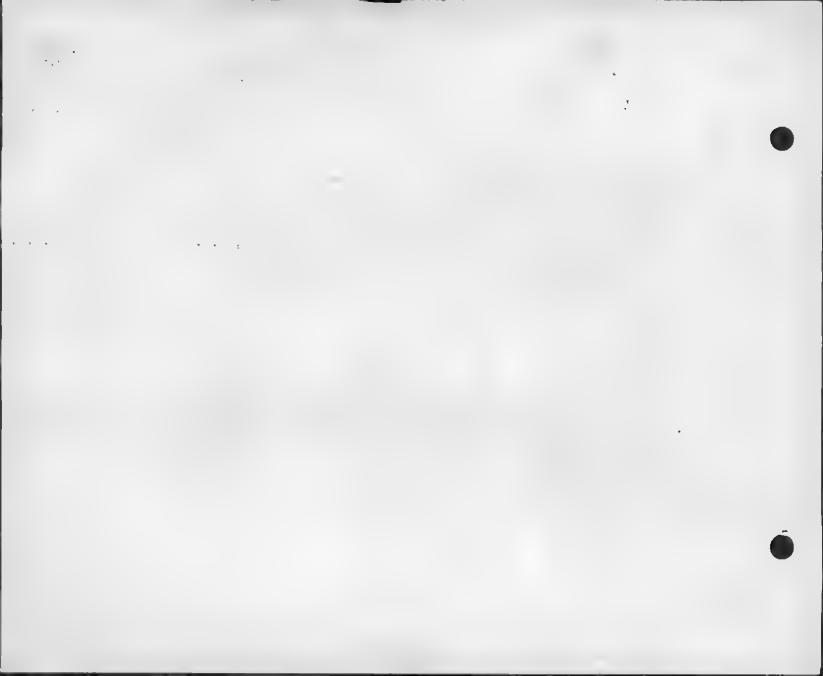


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	369	51		CERTIFIC	ATE	OF DEATH			06	934
	PLACE OF DEATH O COUNTY	lontgomery		MARYLAI	ND	2 USUAL RESIDENCE (V		f institution b CO NTY	Residence before Montgo	mery
		If outs de corporate I mi d.gre nearest town) ilver Spri		2 days	İb	c (ITY OR TOWN (If ou Whea		write RURAL	and give neare	st tawn)
		TAL OR INSTITUTION (If n			Ì	d STREET ADDRESS				e IS RESIDENCE ON A FARM?
	F	oly Cross 1	Hospital			2723	Dawson Av	enue		YES NO A
	NAME OF DECEASED (Type or print)		othy	Middle	N	elligan	4 DATE OF DEATH	Manth May	12	2, 19 67
	Male	6 COLOR OR RACE White	7 MARR ED [ WIDOWED [	NEVER MARRIED   DIVORCED	□   <sup>8</sup>	8/18/13	9 AGE (In lost bit <b>53</b>		NDER 1 YEAR Gaths Days	Hours Min
3	during most of working	N (Give kind af wark dane The even firet red) Eman	10b KIN	D OF BUSINESS OR DISTRY	4.	11 BIRTHPLACE (County Washingto		ry)	12 CT JEN O CCUNTRY	
	13 FATHER'S NAME	of the trade	٤			14. MOTHER'S MA DEN 1				
	15 WAS DECEASED EV (Yes, na, ar unknawn)	R IN S ARMED FORCES? (If yes, give war ar dates	of service) 16 S	OCIAL SECURITY NO	17 11	IFORMANT	2723	Address :	f 4	4.6.
KEAF	Conditions, it on use to immedia stating the under	te couse (a).	(0) Keng	rintrag -	11	merch.		27-	SU OI	TERVAL BETWEEN NSET AND DEATH  Control
	PART I OTHER S	emia				HE TERM NAL DISEASE COM				WAS AUTOPSY PERFORMED? YES NO
70	OR CONTRIBUTING (IF EITHER, NOTIFY  20c TIME OF INI  Hour o	CAUSE OF DEATH MEDICAL EXAMINER) URY Month, Day, Year		URY OCCURRED 20	Oe PLAC	E OF INJURY (Hame, form	, 20f (City of	lown)	(Caunty)	(State)
	21   cert saw the d	fy that (i) (this has eceased alive an	spita) attend	ed the deceased from 19.67, and	d that	death accurred at:	MED STA	auses and	, 19 <u>67</u> , t d on the do 22b DATE SIG	
	22c PHYSICIAN' NAME (Type 230 BURIA, CREMATI REMOVAL (Specif	ON, 236 DATE TH		PAPER  23c NAME OF CEMETER		22d ADDRESS 9/1 5.1v6	23d DEATION (C	ALC ,	S'/rcR	Sping hio
-	24 FUNERAL D RECTO	, ,	2 4	ADDRESS	17	etery 250 REGI			TRARS SIGNATU	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 moy be retained by the haspital or attending physician.

VR A15 (4 25M 1/67





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 96953 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) 1 PLACE OF DEATH o. COUNTY o STATE Montgomery Maryland MARYLAND requires that the death certificate be executed within 24 hours after b CTY OR TOWN (I autside carparate limits, write RURAL and give nearest, tawn) c (ITY OR TOWN ( f guts de corparate limits, write RURAL and give nearest tawn) E LENGTH OF STAY IN 16 46 days Bethesda (rural) Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (final in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 4802 Barrymore Drive Naval Hospital YES NO 13 3 NAME OF 4 DATE Month DECEASED ician and completel lease remove carbo and in ony event, v John Anthony O'PRAY May 19 67 (Type or print) DEATH IF UNDER 1 YEAR s sex 6 COLOR OR RACE 7 MARRIED [20] 8 DATE OF BRIH AGE (In years NEVER MARR ED last birthday) Months Haurs lale Cauc WIDOWED D VOR CED June 27. TOP K ND OF BUSINESS OR 11 B RTHP, ACE (County & State or fare an country) 2 CIT ZEN OF WHAT Do USUA, OCC. PATION (Give kind of work done COUNTRY? duppg most of warking life even if retired U.S. Navy. Civil Service INDUSTRY New York City, N.Y. USA 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME signed by the attending physicuriol-transit permit. Then plantial, cremation, or removal, John O'Pray Mary Glancey 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) lift yes give war or dates af service) 17 INFORMANT Oxon Hill 16. SOCIAL SECURITY NO. Address Maryland 082-16-7026 Mrs. Mary H. O'Pray, 4802 Barrymore Drive 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) } ONSET AND DEATH PART I. DEATH WAS CAUSED BY Uremia IMMEDIATE CAUSE (a) DHE TO Nephrosclerosis Conditions, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying cause Severe hypertensive cardiovascular disease PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY After this certificate has be detached far use a State Dept. of Health pi PERFORMED? YES 3x NO 20g ACCIDENT WAS UNDERLYING [ 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. T.ME OF INJURY Month, Day, Year Haur a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20f (County) (State) TO FUNERAL DIRECTOR: After this director, page 3 shauld be detact should be filed with the State Dep Nat While factory, street, office bldg., etc.) at wark at work 2). I certify that \$\) (this hospital) attended the deceased fram March 29, 19, 67, to May 14, 19, 67 that \$\) (we) last saw the deceased alive an May 14 19 67, and that death accurred at 2:25 M, from causes and an the date stated above. 220 SIGNATURE 22b DATE SIGNED STAFF PHYS May 16, 1967 M D word 22d. ADDRESS 22c PHYSICIAN S NAME (Type) R. J. KINNEY M. Naval Hospital Pethesda Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF ((aunty) (State) TREMOVALISPECITY) Arlington National Arlington, Va. 24 FUNERAL DIRECTORROBERT E. Wilhelm 25b REGISTRAR 5 SIGNATUR ADDRESS 25g REC'D BY REGISTRAR VR A15 (4) Funeral Home, 4308 Suitland Rd., Suitland, Md. DATE MAY 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE ENGTH OF STAY N OF DEATH WIDGWED e writing the ward ipeliding in penal in Item 1 farwarded to the Chief Medical Examiner's Office 'N OF WHAT 10b K N! 1" FATHER S NAME 14 MOTHER , MAIDEN NAME Yes, no grunknown ((If yes g ve war or dates of service) Jes SOCAL SECURTY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS TAUSED BY IN FT AN event nouse coronary the rbo ... IMMEDIATE CAUSE (a) 4 11.1 any Conditions if any which gave Activioselero' o heart " rise to immediate cause (a), DUE TO stating the underlying couse 12:01 PART I OTHER "MIFICANT COMPTION, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL E. E.A.E. . ... remava 200 EXTERNAL CAUSE WAS PRIMARY [] OF CONTRIBUTING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury is Port in Par CAUSE OF DEATH \_\_ I.M. J. INJURY Muntil, Day, Ya. LUI ME LAY US JRRED MEDI Hour am Not While factory, street, affice bldg, etc.) at work at work 21 I certify that I tink charge of the sea mas described above held an Autops, no ide v bpi on Natural coase Suic de 22 DATE SIGNED METER JR TREMA ORY Reform Cemetery Middletown, Monyland VR A I SME SM 6M (6) Silver spring. Md. 1- umphrey.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		96955 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05938_
delay is a page in the page in		PLACE OF DEATH  o COUNTY  D CITY OR TOWN (1 - 15rd. a reporte limits wide RURA, and give nearest town)  2 USUAL RESIDENCE (Where deceased live a STATE  MARY, AND  C CITY OR TOWN (If outside carparate limits wide, RURA, and give nearest town)	b. COUNTY  b. COUNTY  county  country
Property after after		d NAME OF HOSPITA. OR INSTITUTION (final in hospital, give street address)  SUBURBAN  TO Florida.	HIE N. W. YES NO.
frer dear Give Pa ang with th the St irlyin 72		NAME OF DECEASED First Middle Lost 4 DATE OF UNDERSTAND DEATH OF DEATH SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE	Month Doy Year  MAY 16 19 67  (In year) IF UNDER 1 YEAR IF UNDER 244RS
24 hr	170	OF SJAL OCCUPATION. Give kind of work done to significant of the red	12 CTIZEN OF WHAT
wr n pe Exar Exar File and	15	WAS DECEASED EVER IN U.S. ARMED FORCES?  es, no, or unknown) (If yes give wor or dates of service)  The social security no 17 INFORMANT  Es, no, ar unknown) (If yes give wor or dates of service)  The social security 1578-12-3715  The social security no 17 INFORMANT  The social security no 18 INFORMANT  The	Addre f grand for the same
be d'ipe hief	,	CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (A Coronary thrombosis, acute, right cor  DUE TO	
re a the		Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse lost (c)	years
to be at	CERT", CATION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.  200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lor Part Lor	YES NO
INER: ne certific should files: 3 should ant, prio	¥	PRIMARY Or CONTRIBUTING CAUSE OF DEATH  20c TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e P.ACE OF IN.URY Learne form 20f (City)	or town) {Caunty: State)
VI EX xecut Pog far y OR: Po	O D	Haur a.m.  pm. 19 While atwork affice bldg atwork foctory, street, affice bldg atwork  21. I certify that I took charge of the remains described above neld on Autopsy . Inspection	
15 Ted 75		ACTUAL SIGNATURE DOWN B BORR MD ASSISTANT MED (A. EXAMINER D	22. DATE SIGNED
TO DEPUTY necessory, the funera 5 may be TO FUNERAI Health or	230	NAME (Type)  Address (Street, city, town, or count but all cremation)  BURNAL (REMATION)  230 DATE THEREOF  231 NAME OF CEMETERY OR CREMATORY  232 OCATION	nty) (City ar Town) (County) (State)
VR ATSME (5) *	24 S	Burial   5/20/67   Harmony Memorial Park Mar Fineral Director   1/2 22 (100RES)   250 RECD BY REG STRAR Stewart Funeral Home-4001 Benning Rd., N. 119 196	yland  250 JOURAN GOODS



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		06956	CERTIFICATE	OF DEATH		06939				
	1 [	PLACE OF DEATH		2 USUAL RESIDENCE (W	Where deceased lived, if institution: Resider	ice before odmission)				
	(	Montgomery Montgomery	MARYLAND	o STATE Mary		ntgomery				
	ŀ	b CITY OR TOWN (If outside carporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	tside carparote limits, write RURAL and giv	e nearest town)				
		write RURAL and give nearest town) Rockville	58 Years	Rock	ville	,				
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street oddress)	d. STREET ADDRESS		e 15 RESIDENCE				
		11 Forest Avenue		11 F	orest Ave.	YES NO S				
		NAME OF First	Middle	Lost	4 DATE Month	Day Year				
	(	DECEASED (Type or print) WILLIAN	M A.	PATE, Jr.	OF May 24,	19 67				
1	S. :	SEX 6. COLOR OR RACE 7 MARR	NET THE RESERVED IN	. DATE OF BIRTH	9. AGE (In years   IF UNDER   last birthday)   Months	Days Hours Min				
-)	M	ale White WIDOW		ug.16, 189	94   フゥ vis					
J		USUAL OCCUPATION (Give kind of work done	INDUSTRY CONSTRUCT	B.RTHPLACE (County I		TIZEN OF WHAT				
	auni	ing most of working life, even if retired)  Retired  Retired	oad Building	Washi	ngton, D. C.	U. S.				
	13.	FATHER S NAME		14 MOTHER'S MAIDEN N	IAME					
		William A. Pate,	Sr.	Fannie 1	E. Atkinson					
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?		Wife	Address	T. 0				
	(Ye	s, no, or unknown) (If yes give wor or dates at service) Yes W II	579-05-7181 Fr		rs Pate Same as	Item 2.				
1		18 CAUSE OF DEATH (Enter only one couse per line		( )	/	INTERVAL BETWEEN				
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Winstarke	is to fa	2 Hen	ONSET AND DEATH				
i		DUE TO	- 1	3 7						
-		1 2 Tay.								
į		rise to immediate couse (a), DUE TO	. 11							
		stating the underlying couse (c)	+1 - 7 20							
	ا ء.	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								
2	FICATION	CILIA								
1	8		b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in F	Port 1 or Port II of item 18.)					
i	CERT	OR CONTRIBUTING (**) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL			E OF INJURY (Home, form,		unty) (Stote)				
	MED.	Hour o.m.	While Not While focto	ry, street, office bldg , etc.)	1					
		21 I certify that (I) (this haspital) at		01/11	9 5 Cl to 5 /23/ 190	e Ahat (I) (we) last				
		saw the deceased alive an			AM, fram causes ghd an t					
		220 SIGNATURE 2	11/1 1	/	22b D	ATE SIGNED				
		Carling 1	Affice MD	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	5/24/67				
		22c PHYSICIAN S				Ra.				
		NAME (Type) STEPHEN N.	. JONES		Rockville, Maryl	Land				
	230	BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Town)	(County) (State)				
)	1	Burial 5-27-67	Rockville C	emeterv	Rockville, Man	vland				
	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S S					
	RO.	BERT A. PUMPHREY, B	ethesda, Maryl	and DAMAY	29 1967 Valari	in water.				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be inxecuted within 24 haurs after direct

Page 4 may be retained by the haspital ar attending physician

VR A15 (4) VR A15 (4) VR A15 (4)

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	26957	CERTIFICATE C	OF DEATH	(	16940
	PLACE OF DEATH a COUNTY  B C ITY OR TOWN (If outside carpetate limits)  C ITY OR TOWN (If outside carpetate limits)	MARYLAND	USUAL RESIDENCE (Where dece o STATE 21/15Con 5 CITY OR TOWN (If auts de carpo	b COUNTY	
-	d NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give	2 days	M/ Lua C.		e IS RESIDENCE ON A FARM?
3	NAME OF FIRST DECEASED (Type or print) Henry	Middle Physical Physi	Lost 4 DATE OF DEAT	and the same of th	Doy Year 1967
L	SEX 6 COLOR OR RACE 7 MARRIED MIDOWED [	D VORCED 🔲 Jar	ATE OF BRITH 1, 28, 1886	9 AGE (in years) FUNDI lost birthdoy) Months	ER YEAR FUNDER 24 HRS
dui	ring most of working life, even if retired)  ANEORICE  FATHER'S NAME	RY IND	1 B RTHPLACE (County & State, or U-15 CO ) S.		COUNTRY?
S (Y	es, no, or unknown) (if yes give wor or dotes of service) 387	AL SECURITY NO 17 INFOI		KIRSOH SE SING 156 HYATTSVILLE	MARYLAND
	18 CAUSE OF DEATH (Enter only one couse per line for (o), PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO	notio vasa		ai Cune	NTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any which gave (b) 700.  Itse to immediate cause (a), Stating the underlying cause (c) (c)	neral insup	asterno se	turemia	4 days.
CATION		semebet			19 WAS AUTOPSY PERFORMED? YES NO
AL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED (Enter			
MEDICAL	Hour a m While pm 19 at work	Not While factory, s	F INJURY (Home, farm, 201 street, office bldg , etc.)	, ,	County) (Stote)
	21. I certify that (I) (this haspital) attended saw the deceased alive an 5-18-	19 67, and that de	ath accurred at 5 2 A	M, from causes and an	the date stated above
	Cees who trus  221 PHYSICIANS NAME (Type) VERONIKA	MD	ATTENDING MED DIRECTOR  22d ADDRESS VEROIT  10236 NI	STAFF	5-19.67. W.D.
	BEMOYA: (Specify) 5-22-1467 +	TOLY CRESS C'E	ATORY SALT	LWALLEE	C. (County) (State)
24	V. W Chainles C The	verchale, Me	250 RCCD BY REG S		S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removeration papers. Pages 1 and 2 should be filled with the State Dept of Health prior to burial, cremation, or remayal, and in apply event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law ragures that the death certificate be executed within 24 hours after and Page 4 may be retained by the hospital or attending physicion VR A15 (4) 25M 1767

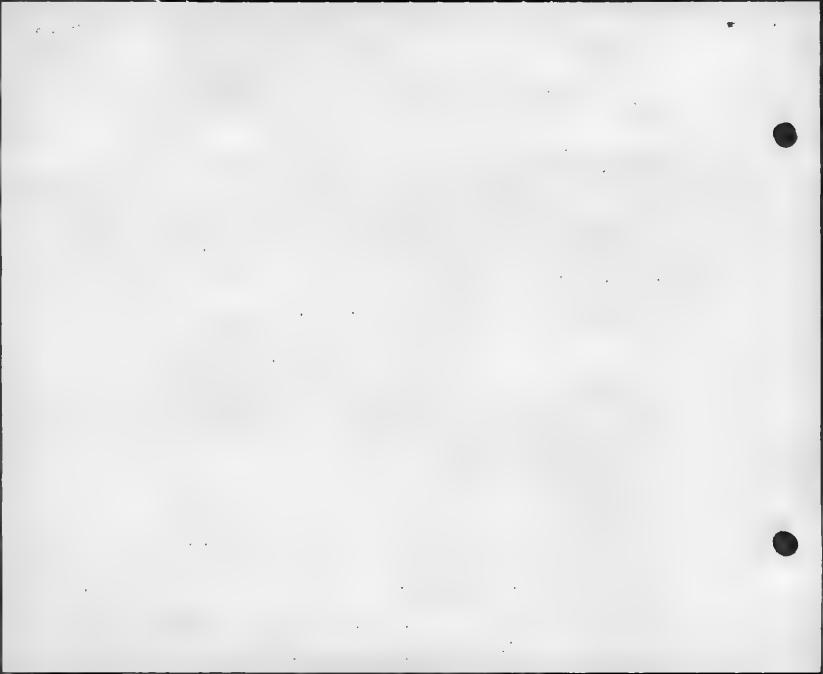


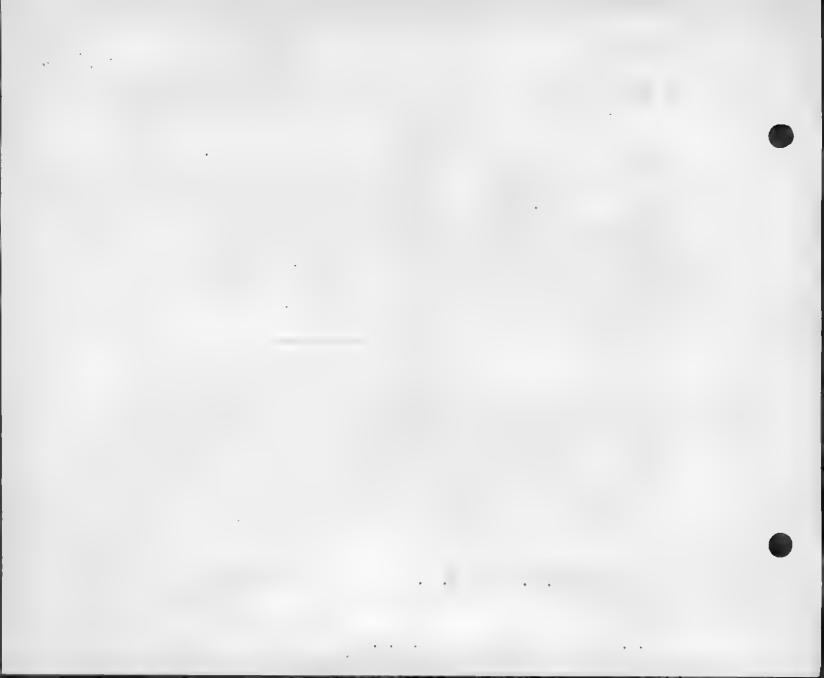
DIREC

Office

d Examiner







STA HEALTH DEPT

TO DEPUTY MEDIC. — EXAMINER. This certificate should be executed within 24 hours after death. If any delay bease execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dispartment of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hobrs, after death.

VR ALSME (5)

1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	26961 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	06344
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lired, If institution: R a. STATE b. COUNTY	esidence before admission
_	Montgomery  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 11	Maryland Mont c. CITY OR TOWN (If Guiside corporate limits, write RURAL	gomery and give nearest town
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	Rockville  s) d. STREET ACORESS	e. IS RESIDENCE ON A FARM?
3.	NAME OF First Middle DECEASED (Type or print) Composition of the Middle Print Middle Print Manager Man	12919 Ardennes Avenue Last 4. DATE Month OF DEATH May 24	Oay Year 1967
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthday)	1 YEAR IF UNDER 24 HRS
10:	Female Caus WIDOWEO OIVORCEO  B. USUAL OCCUPATION GIVE kind of work done 10b, Kind OF BUSINESS OR	May 21, 1953 14 yrs.	TIZEN OF WHAT
dur	ring most of working life, even if retired) INOUSTRY  Student	Maryland	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	George E. Pendleton  . WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17	Audrey I. Johnson Informant Father Address	-
(Ŷi	es, no, or unkown) (If yes give war or dates of service)	7. INFORMANT Father Same as	s Item 2.
- <u>-</u>	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Puntured arter	riovenous malformati	
	DUE TO	w · w	
	Conditions, if any, which gave rise to immediate (b)	N L M S Mark	
	cause (a), stating the DUE TO underlying couse lest.	ra e	1
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CATI			PERFORMEO?
CERTIFI	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OF PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	CURRED. (Enter nature of Injury In Part I or Part II of Item 18	)
MEDICAL		CACE OF INJURY (Home, farm. 20f. (City or town) (Couctory, street, office bidg., etc.)	inty) (State)
the l	21. I certify that I took charge of the remains described above, h	held an Autopsy 🔲 , Inspection 🔲 , Inquiry 🚶	and in my opinion
	death resulted from: Natural causes	Suicide , Homicide , Undetermined manner	
	ACTUAL SIGNATURE SIGNATURE SIGNATURE	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S BELDEN LEAR	MILD Address (Street City about, for county)	4/1967
2 <b>3</b> a	_ REMOVAL (Specify)	ERY OR CREMATORY 23d. LOCATION (C.ty, town or co	uhty) (State)
24	Burial 5-27-67   Parklawn AOORESS		y Land 's SIGNATURE
F	ROBERT A. PUMPHREY, Bethesda, Mar	ryland OATMAY 29 1967 John	Es Judges



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36962 CERTIFICATE OF DEATH o. COUNTY Montgomery and USUAL RESIDENCE (Where deceased lived, filinstitution Residence before admission) o. STATE b. COUNTY MARYLAND b CITY OR TOWN (.f outside corporate limits, write RURAL and give nearest town) . c LENGTH OF STAY IN 16 c CIY OR TOWN (If autside corporate limits, write RURA, and alve negrest town) Silver Spring requires that the death certificate be executed within 24 had d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES 🗍 NO DE 3 NAME OF Midd e roole DATE DECEASED OF event, \ (Type or print) DEATH IF UNDER I YEAR 5 SEX 6 COLOR OR RACE NEVER MARRIED DATE OF BIRTH AGE ( n year lost b rindoy) Months DIVORCED 12 CIT ZEN OF WHAT 1Do USUA, OCCUPAT ON Give kind of work done 1Db. KIND OF BUS NESS OR during most of working like even fret red) and in tin on tractor COUNTRY? ease 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Essie Sheckles William E. Poole 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes no ar unknown). If If yes give war or dates of service. 579-20-1704 Patherine L. Poole - Item # 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the burial-transit PART 1 DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) 4/4 COK DUE TO Conditions, if only, which gove nse to immediate cause (a). DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGN F CANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO D 205 DESCRIBE HOW INDURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour p.m. 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Home form, (City or town) (County) (Stote) factory, street, office bldg . etc ) While Not While of wark ot work 21 I certify that (I) (this hospital) attended the deceased from and that death accurred at Size AM-from causes and on the date stated above. saw the deceased alive an 22o. SIGNATURE 225 DATE SIGNED **ATTENDING** M.D. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Stephen N. Rockville, Maryland Tones 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (County) REMOYAL (Specify) 5/9/67 Baptist Church Cemetery Cedar Grove, Maruland er Funeral Home-1331 Cockville Pike VR A15 (4) 20 M 1/66 Rockville.Md. DATE



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuperated director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages If and should be filed with the State Dept of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician

	MAKTLAND 5	IAIE DEPAKIMENI	OF HEALIH	
DIVISION OF	VITAL RECORDS, 301	W. PRESTON STREET,	BALTIMORE, MARYLAND	21201

	06963	CERTIFICATE	OF DEATH		06946
1	PLACE OF DEATH			Where deceased lived, if institution:	Residence befare admission)
1	2 COUNTY	MARYLAND	O. STATE	b. COUNTY	
1	b CITY OR FOWN (If outside carpirate mis,	c LENGTH OF STAY N 1b	MARILAN	ats de carparate limits, write RURAL	and also pensest taken)
1,	wr te RuRAL and give nearest town)		11		and give hearest lawil)
	DETACS da	13 days	SILVER J	pring	
-	d NAME OF HOSPITAL OR INSTITUTION (If not in ha	spital, give street address)	d STREET ADDRESS	00,	e IS RESIDENCE ON A FARM?
4	worken Hospital		2700 BA	. /	YES NO X
3	NAME OF First	Middle	O last	4 DATE Month	Day Year
	(Type or print) Lottie	7	Ropst-	DEATH MAY	26 1967
S	SEX 6 COLOR OR RACE 7 MA	ARRED NEVER MARRIED	8 DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
4		OWED DIVORCED	12/7/02	ast brithday] N	tanths Days Haurs Min
10	o US_AL OCCUPATION (Give kind of work done ring most of working life, even if ret red)	10b KIND OF BUS NESS OR INDUSTRY	11 BIRTHPLACE (County	& State or foreign country)	12 CTIZEN OF WHAT
u.	ring must be working lite, even ( let red)	INDUSTR7	W. WA.	4	COUNTRY? USA
13	3. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME .	
	DICE PROBST	-	mag Al	ice Simmons	
1	S WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
- [ 0	(es, na, ar unknown) (If yes give war or dates of service	(9)		Nadios.	
			ROTHY KITS	- DALIGRIER.	
	18. CAUSE OF DEATH (Enter only one cause per I PART I DEATH WAS CAUSED BY	1	- 1/-+- 1-	- 511. 1.11.	INTERVAL BETWEEN
	MMEDIATE CAUSE (a)	CA/CICSIICE	JUNIU	1-SICUICE	12 DA-1/C
	DUE TO	(000111-111	1-1	11 milero	_ 321193
	(and t ans if any, which gave )	CORDAISTON	BROKERO	Y WILATE	5 YES
	rise to immed ate cause (a), DUE TO		/		
	los1 (c)	•			
	PART I OTHER SIGN F CANT CONDITIONS CONTR B.	TING TO DEATH BUT NOT BE ATED TO	THE TERMINAL DISEASE CON	NO LON G VEN IN-PART 1001	WAS AUTOPSY
NO	DIVI KIDNIKA	1 1-11 BOLICA	4 DILL	2-7-4 11171	PERFORMED?
FICATION	TO WOOM WE DEED AND	20 DISCORDI ON 1 DY OCCUPANT	101100	JE 167 1616 CE	1/ C   YES   NO  X
CERT 5	20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b DESCR BE HOW NULRY OCCURRED	(Enter nature at neury in	Part I of Part II of Tem 18)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MFDICAL	20c TIME OF INJURY Month Day Year		CE OF MURY Home form		(state) (State)
×	Hour am	While Not While tac	tary, street, affice bidg etc.)	10 1-1	1-7
	21 ( certify that (I) (this hospital)	7	5/13	96/10 5/26	19. / that (1) (wg) last
	saw the deceased alive on				d an the date stated above
	220 SIGNATURE	ACWIN IIDA			226 DATENISNED
	1 Xulland	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	D ATTENDING D PHYS	MED STAFF DIRECTOR PHYS	3/26/67
	22c PHYS CIAN S	A DET SIN	1/22d-ADDRESS	OINCELOX 11 FINA	da la fa
	NAME (Type)	AUL DENISH	CH_ 106	20 Genifico	St spy me
23	DE BURIAL, CREMATION, 236 DATE THEREOF	230 NAME OF CEMETERY OR	CREMATORY	23d LOCAT ON (City or Town)	(County) / (State)
	Burial 5/28/67	Monterey		Monterey, Vi	irginia
1	TUNEDA DIRECTAD	4000000	250 PLC	AN ROGISTRAR 10 47256 REGIST	TRAR S SIGNATURE
	yson Wheeler Funeral	Home-1331 Rockv	ille Pike"	1 2 1 1981	18/2. Younge
1_	Rockt	rille. Md.	DOI:	Δ	12 6

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY n by the fur ers. Pages 1 2 haurs after MARYLAND b CITY OR TOWN (If a its de corporate limits, c. LENGTH OF STAY IN ID c CITY OR TOWN Alf outside corporate limits, write RURAL and give pearest town) write RURAL and givennearest Jown) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) B IS RESIDENCE ON A FARM? d. STREET ADDRESS corbon papers enterwithin 72 l YES NO completely fill nove corbon by eventawith 3 NAME OF DATE Year DECEASED OF DEATH (Type or print) 196 S SEX AGE (In years IF UNDER 1 YEAR 7 MARR ED NEVER MARR ED Lost birthdoy) Months Hours ar remaval, and in any WIDOWED D VORCED 10a USUAL OCCUPATION (Give kind af wark dane TOB KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT during mast of warking life even fret red) - INDUSTRY COUNTRY? MAY LL TYEL 111/30.0 Con ix Acis MILLIAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Commission IS WAS DECEASED EVER N., S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service) cremation, that the INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter any one couse per line for (a) (b) and (c)) s gned by the burial-transit p bur al, crematin ONSET AND DEATH PART J. DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Nietastatie careinoma to liver and brain Canditions if any which gave rimary carcinoma, right lung rise ta immediate couse (a), DUE TO stoting the underlying couse has be PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WA AUTOPSY PERLORMED" far <u>se</u> Health p for page 3 shauld be defathed far use to be filed with the State Dept. Afternia. Advanced coronary arteriosclerosis YES F NO PHYSICIAN: 200 ACCIDENT WAS UNDERLY NG LT 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Part 1 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f (City or town) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame form, (State) While factory, street, affice bldg., etc.) Nat While OR ATTENDING at wark 19 63 \_ ta 21. I certify that (1) (this hospital) attended the deceased from L. , 196. 7, that (1) (we) ast 5/1 be retained 19 4 7, and that death accurred above M, fram causes and an the date stated above saw the deceased alive an\_ 220 S GNATURE 22b DATE SIGNED DIRECTOR PHYS 22c. PHYSICIAN'S ADDRESS O HOSPITAL TO FUNERAL 101111 director should b 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City or Town) REMOVAL (Specify) OHICLAWN 617181614 Y 1. 1. 1. 1. 1. V. C. 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



VR A15 (4) 15M 4-64

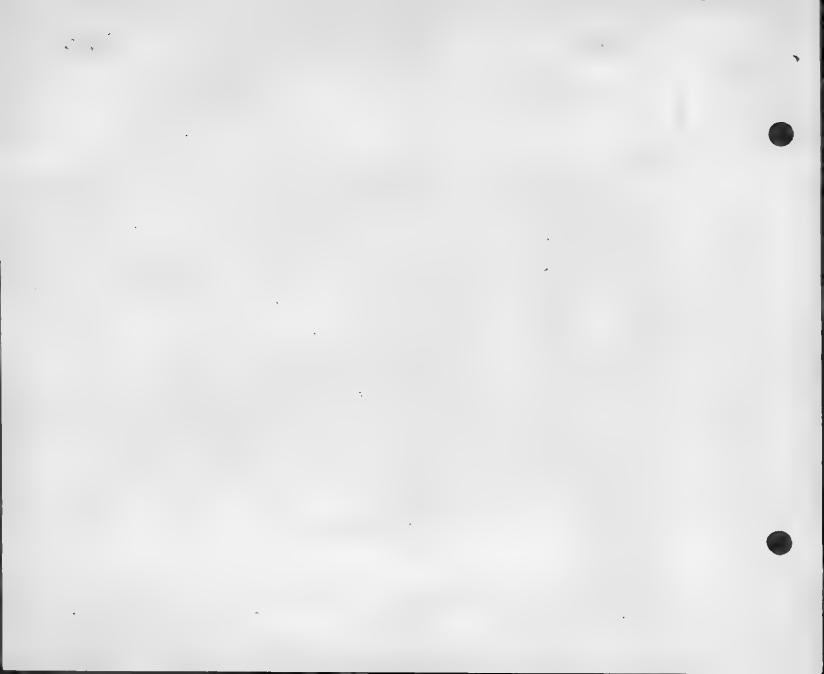
Page 4 may b

deat

executed within

death

OR ATTENDING PHYSICIAN: The law meguires that ti be retained by the hospital or attending physician.



	DIVISION OF VITAL	RECORDS, 301 W. PRESTON STREET,	, BALTIMORE, MARYLAND 2	1201
	06366	CERTIFICATE OF D	EATH	68949
	PLACE OF DEATH  COUNTY  ONLY  ONLY  ONLY  ONLY  (Fourside corporate limits,  with RURAL and agive nearest fawn)	MARYLAND 0 STATE	ryflend m TOVM (If outside corporate m ts. w	1/
	d NAME OF HOSPITAL OR INST TUTION (f not n hospital	170	22 King Jam	Shuy Per No.
	DECEASED (Type or pnni) Tullian		OF DEATH 77	PROOF FUNDER 1 YEAR   IF UNDER 20
dur	USUA. OCC. PAT ON (Give kind of work done no most of working le even if retired)  FATHER'S NAME	K ND OF BUSINESS OR IN BIRTHP INDUSTRY  TENER OF BUSINESS OR IN BIRTHP	LALE (County & State or torrigh country of the Coun	
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? Is no, or unknown) {(If yes give war or dates of service)	3 SOCAL SECURITY NO 17 INFORMANT  13-07-3933 VICCIA	NES EIKER	Address 2.4 C
	PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  Conditions, flory, which gove rise to immediate couse (a), stating the underlying couse (c)  Lost  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  (c)	atthous:		" ONSET AND DEA
CERT F CATION	PART II OTHER S GNIFICANT CONDIT ONS CONTRIBUTING  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING LICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED (Enter noture	7.2	PERFORMED' YES NO
MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o.m. 49 Wh. ot w	ork of work	ice bldg , etc )	1/2 4/2. Treet. 14
	21 I certify that (I) (this hospital) attention of the saw the deceased alive an 220 S GNATURE 220 PHYSICIAN S NAME (Type) TAMES	nded the deceosed from 4/4  19/2 and that death of ATTENDIN  MD PHYS  22d A	NG MED STAF	
1	BURIAL (REMATION, REMOVAL (Specify)  171 al  5-8-67  J. NERA. DIRECTOR  L. A. Puny every Both	23c NAME OF CEMETERY OR CREMATORY Parklawn Cemete: ADDRESS		y or Town) (County) (Sto Le Maryland 25b REGISTRAR'S SIGNATURE GClearles Judgan

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

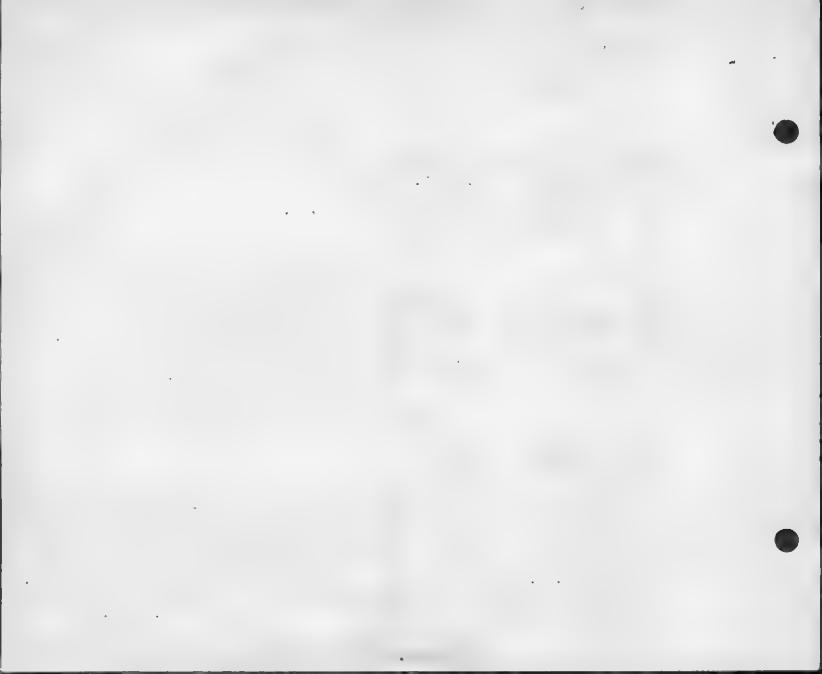
		0606	7		C	ERTIFICAT	E C	F DEATH				0.5	QSI	)	
		PLACE OF DEATH					2	USUAL RESIDENCE (V	Vhere dec			esidénce l	etore od	missior	1) /
	0	OUNTY N	lontgomery			MARYLAND		o STATE New	Jers	ey b.	COUNTY				V
	b	CITY OR TOWN (	If autside corporate limit	s,	c LENGTH (	F STAY IN 1b	С	CITY OR TOWN (If ou	Iside corpi	orate limits, write	RURAL an	id give ne	arest to	wn)	
		Bethes	d give neorest town)		7 da	YS		Wrightst	own			19			
	d	d. NAME OF HOSPIT	AL OR INSTITUTION (IF n	ot in hospital,		0	d	STREET ADDRESS				14. 1	e IS	RESIDE	NCE
	Th	ne Clinic	al Center,	Bethe	sda, Mo	1. 20014		R. D. #1,	Box	29A			YES	N A FAI	NO X
		NAME OF DECEASED	F	rst	M	ddre		Lost	4. DATE	E	Month		Doy	Year	
	] [	(Type or print)	Willia	-		shall		loche	DEAT	117	May		28		67
J	5 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER	MARRIED	8. D	ATE OF BIRTH		9 AGE (In yeor		NDER 1 YE		JNDER :	24 HRS Min
		Male	White	WIDOWED		DIVORCED		ecember 1		48 y	rs				14114
	qntii	ng most of working	l (Give kind of work done life, even if retired)		IND OF BUSINE		1	New Jers		r foreign country)		12 CITIZE COUNT	DYO	IAT USA	
		FATHERS NAME		4.	2 (30	57/.	1 14	MOTHER S MAIDEN						OOF	
		Jnknown					14	Unkno							
	15	WAS DECEASED EVE	R INUS ARMED FORCES	16	SOCIAL SECUR	TY NO 17	INFO	RMANT The M		al Dagot	Address	П п п	01-1-2	-	
	(Yes	s, no, or unknown)	(If yes give wor or dotes 1942-194	of service)	49-01-5			er, Bethes					U <b>L</b> .J.J.	LLCA	, , , ,
	i						1106	T . Declies	uas.	Mar A Talk	1 20	014	INTERV/	AL BETW	VEEN
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Bilaterial Pneumonia											ONSET		HTA
	DUE TO											I do de y			
	Conditions, if ony, which gove ) (b) Possible Septicemia (Clinical)										a hours				
		rise to immediate couse (a), the right rig													
		stoting the underlying couse   (c) Chronic Myelogenous Leukemia											2	Yez	rs
	_	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)											19 WA	S AUTO	PS¥
	CERTIFICATION				·									FORME X	
	E L	200 ACCIDENT WA	S UNDERLYING []	205. D	ESCRIBE HOW I	NJURY OCCURRED	(Ente	r noture of injury in I	Port I or F	Port II of item 18	L)		-		
		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)												
	3	20c TIME OF INJU	JRY Month, Day, Yeor		NAURY OCCURR	1		FINJURY (Home, form		(City or towi	n)	(County	)	(5	tote)
	MED	Hour our	10	While of wo	rk O Not Wh		clory, :	treet, office bldg , etc )							
		21. I certi	fy that (A) (this ha	spital) atter	nded the de	ceased fram_	21	May ,	9 67	, ta 28 Ma	зy	1967	, that	(i) (v	ve) la:
		saw the d	eceased alive and	23 May	19_	<u>67</u> , and the	at de	ath accurred at	8:00.	₽M, fram cau:	ses and	an the	date s	tated	abave
		220 SIGNATURE	10/10		MAIL			ATTENDING -	MED	STAFF		2b DATE		0/-	
				wan	wir	t/	1.0	PHYS.	DIRECTOR			28 M			
		22c PHYSICIAN S NAME (Type		aimaa	M D			22d ADDRESS Th	e Cl	inical (	Conta	r, Il	atio	nal W	-
			TAUL D. N					Institute							
		BURIAL, CREMATIC  REMOVAL (Specify)		EREOF	23c. NAME	OF CEMETERY OR	CREA	MATORY	23d	LOCATION (City o	or Town)	(Co	unly)	(51)	(eto
	1	SUKIAI	5/2	1/67		t Holly				unt dol				1	1. J
	24	TOHA B	MEMAS = 3	并几张	Herry	scas Joiloc-J	5	PRINCE MAY	Q 1	194 / ZSE	n. REGISTR	AK 3 SIGN			
	1	e dur 1	F Kimenh III	· Kada	. 1894	U GA. F.	100	DATE (1)	U	10%. f	* <		1 week	2	

TO FUNERAL DIRECTOR: After this cert ficate has been a gnea by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4, and 2 should be filed with the State Dept af Health prior to burial, cremation, or remaind, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

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	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	t= m
	96968 CERTIFICATE OF DEATH 969	I.C
1	1 PLACE OF DEATH  a COUNTY Montgomery  MARYLAND  2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before a STATE Maryland b COUNTY Mont	gomery
	b CTY OR TOWN (if autside carporate limits, write RURAL and give nearest fawn)  Bethesda  C LENGTH OF STAY IN 1b  C CITY OR TOWN (if autside carporate limits, write RURAL and give nearest must be considered and give nearest fawn)  Rockville	
	d NAME OF HOSP,TA. OR INSTITUTION (i not in hospital, give street address)  Suburban Hospital  832 Rockville Pike	RES DENCE ON A FARMA TES NO R
3	3. NAME OF Fist Middle Last 4 DATE Month Doy OF DECEASED OF DEATH May 25,1967	Year 9
1	SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years FJINDER I YEAR Months Doys Widowed Divorced Jan. 26,1905 62 horizontal Months Doys	Hours Min
d	10a US.AL OCCUPATION (G ve kind of work done during most of working life, even if ret red)  Naval Hospital  11 BIRTHPLACE (County & State or foreign country)  Germany  12 CITIZEN OF COUNTRY?	USA
	13 FATHER'S NAME Unknown Unknown	
	15. WAS DECEASED EVER NU.S ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 216-10-9277   Anna B. Rogge - Item # 2	
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Cond t ons, if ony, which gove one to immediate couse (a).  DUE TO  Cond t ons, if ony, which gove one to immediate couse (a).  DUE TO  Cond t ons, if ony, which gove one to immediate couse (a).  DUE TO  Cond t ons, if ony, which gove one to immediate couse (a).  DUE TO	RVAL BETWEEN SET AND DEATH
-	lost (c) (c) PART I OTHER SIGNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TON GIVEN IN PART ICO. 19	WAS AUTOPSY
FICATIO	TICESCE  2Da ACC DENT WAS JNDERLYING   2Db DESCRIBE HOW INJURY OCCURRED (Enter poture of injury in Part I or Part I of Iem 8)	PERFORMED?
AI CEPTI	OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	<i>(</i> (, ), )
DICEME	pm. 17 atwork L atwark L	(State)
	21. I certify that (1) (this haspital) attended the deceased from 1940, 19, to 25, 1967, the saw the deceased alive an 1967, and that death accurred an 40AM, from causes and an the date 220 SIGNATURE	stated abave
	22c PHYSICIAN'S  ATTENDING M.D PHYS DIRECTOR PHYS  22d ADDRESS	167.
2	NAME (Type) Wm. A. Linthicum 110 S. Washington St., Rockvil 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (County)	(State)
	REMOVAL (Specify) 5/27/67 Parklawn Rockville, Montg., M	d.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH b. COUNTY MARYLAND delay C LENGTH OF STAY IN 16 c CITY OR TOWN ( f outside corporate limits, write RURAL one give exprest town) d STREET ADDRESS olong with form DATE 3 NAME OF Year DECEASED 0F G ve DEATH (Inite to sqyT) 6 COOR OR RACE 7 MARR ED NEVER MARRIED M DOWED DIVORCED the Chief Medical Examiner's Office ICO SBAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR B.RTHPLACE (State or toreign country) " ZIN OF WHAT COUNTRY ? during mort of working life even if retired) INDUSTRY Lithuania File poges 14 MOTHER 5 MA DEN NAME 13 FATHER'S NAME Rebecca Goldsmith Benjamin Chadaby within 72 ! 17 INFORMANT 15 WAS DECEASED EVER IN 2.5 ARMED FORCES? Addre 475 W 6 SOCIAL SECURITY NO (Yes, no. or unknown) (if yes give war or dates of service) Rabbi Abraham H. Rosenfeld, St IN FRYAL P TWIFN 18 CAUSE OF DEATH (Enter any one couse per ine for PART I, DEATH WAS CAUSED BY ONSET AND DEATH was the pulled small this many IMMEDIATE CAUSE 101. DUE TO due to fall in con s a ne Conditions if any, which gave rise to immediate couse (a), forworded to DUE TO stating the underlying couse 0 0.5 last removaí, PART II JUHER CONFRONT COND ON CONTRIBUTING TO JEATH BUT NOT RELATED TO THE TERM NAL DISEAST DIVIDION OF VEH IN PART should be 20 EXTERNAL (ATT) WAS 20b DESCRIBE HOW IN TRY OCCURRED Enter noture of interior Enter it in Earth of item 8 PR MAPY JLC, ONTR B T NG [] A JOE OF DEATH 27 ME C 'NIURY M it you Year Not While 1 at work L. 2) I certify that Litook charge of the remains described above, held an Autap v end in my opin on ARIBENT X deoth resulted Form Notural causes ACTUAL SIGNATURE 22. DATE SIGNED AS, STANT MEDICAL EXAMINER FUNERAL NAME ( ype' 6 FUI Heat NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23b DATE THEREOF Jd LOCAT JN Burial (Specify) 5/9/67 Riverside Cem. New Jersev 24 FUNERAL DIRECTOR 250 REC D BY REG STRAR 256 REGISTRAR S SIGNATURE VR A 15ME (5) Bernard Danzansky & Sons St.NW. Wash.DC 6M 1/67



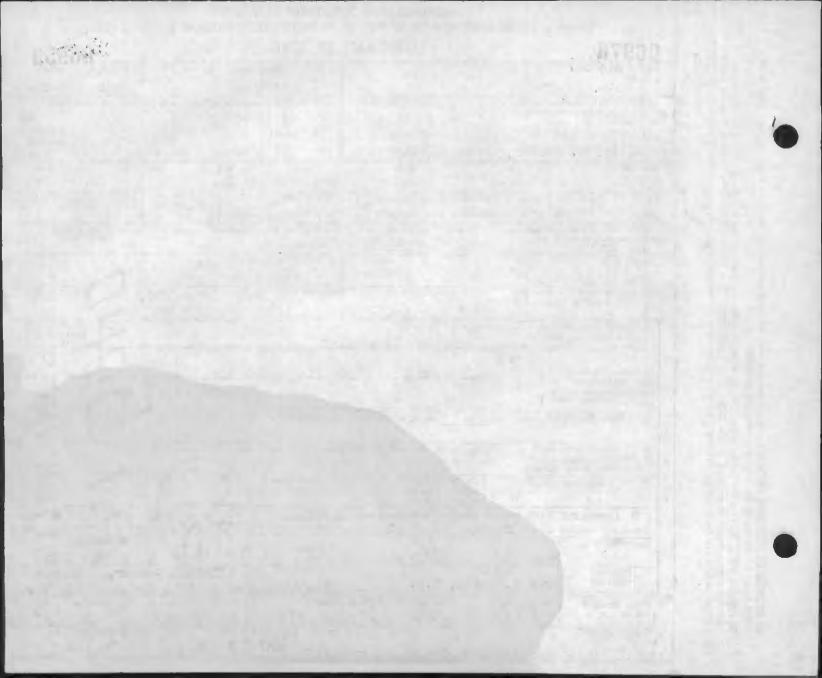
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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ī	PLACE OF D	EATH				2. USU	AL RESIDENCE (V	Where deceas	ed lived, if in	stitution:	Residence befo	re admiss	sian)
	o. COUNTY	Montgomery		AA A	RYLAND	0. 51	Maryla Maryla	and	b.	COUNTY	Prince	Geor	rges
-		OWN (If outside corporate lin	nits.	C. LENGTH OF STAY		c. CITY	OR TOWN (If au	tside corpora	te limits, writ	e RURAL o	and give neare	st tawn)	8
1	Bethes	(AL and give nearest town)	,	46 Day			Hyatts				9		
H		HOSPITAL OR INSTITUTION (IF	ant in harnital		2	d STRE	ET ADDRESS	) V _L			- //	e. IS RES	IDENCE
L					3	U. SINE	.,		O+ssa -			ON A	FARM?
=		inical Center			land		910 Li	-	Stree			YES	NO K
3	DECEASED		First	Middle			Lost	4. DATE OF	3	Month	Da		ear
L	(Type ar prir	4	uel	Herma			enstein	DEATH		lay	2		67
5	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARR	]	B. DATE C			AGE (In year		UNDER 1 YEAR	Hours	ER 24 HRS.
	Male	White	WIDOWE	D DIVORC	ED 🔲	13 No	ovember	1908		Yrs.	on, ins	110013	gring.
		PATION (Give kind of work dai orking life, even if retired) Driver		kind of Business OR INDUSTRY Transpor	totion		THPLACE (County Marylar		reign country)		12 CITIZEN COUNTRY USA		
_	3. FATHER'S N			Transpor	Ga G TO		THER'S MAIDEN N				NGU		
ľ						14. 110	_						
_		am Rosensteir		COCIAL CECIBITY NO	1 17 10	ALEODM A	Lena K			And James		4 4	-
	IS, WAS DECEA Yes, no. ar unki	SED EVER IN U.S. ARMED FORCE nown) (If yes give war ar date	s of service	6. SOCIAL SECURITY NO.			The Me					inica	а.L
	No			Not availa	ble Ce	enter	, Bethe	esda, l	Maryla	nd	20014		
	PART  / Conditions, rise to imi	if any, which gave nediate cause (a).	SE (a) Pu	lmonary Me veolar Cel			na of th	ne Lun	g		2	mon	DEATH ths
IVE	PART II. O	THER SIGNIFICANT CONDITIONS	(c)	S TO DEATH BUT NOT R	RELATED TO T	THE TERMI	NAL DISEASE CON	IDITION GIVE	N IN PART 1(	a)		WAS AUT	MED?
Craticication		ENT WAS UNDERLYING  BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY	OCCURRED. (	(Enter nat	ure of injury in I	Port I ar Part	II of item 18	8.}		ID V	NO L
LANGE OF THE REAL PROPERTY.		OF INJURY Month, Day, Year our a.m. p.m.	Wh	INJURY OCCURRED			JRY (Hame, farm attice bldg., etc.)		(City or tow	n)	(County)		(State)
	saw	certify that () (this h			d fram , and that	Apı t death	accurred at	9 <u>67</u> , to 3:30 M	o <u>20 M</u> I, <b>AoM c</b> au	ses and		te state	(we) las d abave
	22a, 51G1	8 Myan.	¥.	Levi	7 M.C	D. PHYS		MED. DIRECTOR	STAFF PHYS.		22b. DATE SIG 20 May	1967	7
	22c PHY	SICIAN'S (Myron &	Levi	n, M.D		22d	ADDRESS The				er, Na <del>hesda</del>		11 4d
	230 BURIAL, C REMOVAL	(Specify) 5/2	THEREOF	23c. NAME OF CE	LODE	GE	CEM	23d LO	CATION (City	4.	(Count	Dil	State)
	24. FUNERAL	RERG FUI	ERA	L HOME	421	Nic	MAAV		967 S	Police		redge.	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any exeat, within 72 haurs after death

> VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06954 CERTIFICATE OF DEATH 06971 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY a. STATE a. COUNTY Maryland Montgomery Montgomery MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town | Bethesda (Tural) 1 Day Potemac e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS 11100 Gainsborough Road Naval Hospital YES NOWEX 4. DATE Year 3 NAME OF Middle Day DECEASED 19 67 RUSTERERG MAY Ranier Anne DEATH (Type or print) IF UNDER 1 YEAR NEVER MARRIEDXXXXX 8. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED Manths birthday) June 11, 1946 Female Cauc WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most at working its reven if retired) INDUSTRY ATLANTIC CITY. NEW JERSE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Barbara ROGERS Carl W. RUSTEBERG Address POTOMAC MD. 17. INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war ar dates of service) 213-56-264 Parl W. RUSTEBERG, 11100 Gainsborough Road 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: FRIEDRICK'S ATAXIA ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO DIABETIC ACIDOSIS Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? YES NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While at work at work 21. I certify that (I) (this hospital) attended the deceased fram May 19 saw the deceased alive an 19 may 19 and that death of . 19 1, that fit (we) last and that death accurred a 2:08p M, from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE 20 MAY 1967 DIRECTOR M.D. 22d. ADDRESS 226 PHYSICIAN'S NAME (Type) NAVAL HOSPITAL, BETHESDA, MARYLAND D.R. FOREMAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)
ARLINGTON, VIRGINIA 23b. DATE THEREOF 230 BURIAL, CREMATION, Arlington National Cem. BRIMOVA (Specify)

Page 4 may be retained by the hospital or ottending director, page 3 should be filed v 0 20 M 1/66

24 hours

be executed within

OR ATTENDING PHYSICIAN: The law requires that the death certificate

completely fi

remove

or removal.

signed by the burial-transit

os the hos been

for use

this certificate

**DIRECTOR:** After

TO HOSPITAL FUNERAL

24. FUNERAL DIRECTOR

Jos. Gawler & Sons, 5130 Wisconsin Ave, WDC

5-24-1967

25a. RECALBY REGISTRAR 1967 25b. REGISTRAR'S SIGNATUR

1000 V. 1. 128 275021 7A 3782 0 ALBE on awar in sien. the secretary fath statement of the second 124 31 1.44 all the parties parties again of the product of the state of the and the same and the same and the same and the